



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N04000010980</b> 1. Entity Name <b>METRO COMMUNITY OUTREACH, INC.</b>						<b>FILED</b> <b>05 MAY -3 PM 4:45</b> FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1110 RICH BAY RD HAVANA, FL 32333</b>				Mailing Address <b>1110 RICH BAY RD HAVANA, FL 32333</b>			
2. Principal Place of Business		3. Mailing Address				04082005 Chg-NP CR2E037 (10/03) <b>05</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number <b>2081998602</b>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>ANGELA MOSS POOLE, LLC %ANGELA M POOLE 118 SALEM CT, STE A TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name <b>Nancy Gee</b> Street Address (P.O. Box Number is Not Acceptable) <b>508 N. Madison St.</b> City <b>Quincy</b> FL Zip Code <b>32351</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <b>Nancy Gee</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4/14/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE	D <input type="checkbox"/> Delete			TITLE	200054668782 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/17/05--01032--007 **\$61.25		
NAME	BARRINGTON, MALCOLM			NAME			
STREET ADDRESS	6245 HINES HILL CIR			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32312			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TURNER, HENRY			NAME			
STREET ADDRESS	2524 SPRING FOREST RD			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRESSLEY, COREY			NAME			
STREET ADDRESS	4396 COOL EMERALD DR			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32303			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIGGINS, SANDRA			NAME			
STREET ADDRESS	50 HINSON CIR S			STREET ADDRESS			
CITY-ST-ZIP	HAVANA, FL 32333			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARRINGTON, MICHAEL			NAME			
STREET ADDRESS	2300 W INDIANHEAD DR			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GEE, NANCY			NAME			
STREET ADDRESS	508 N MADISON ST			STREET ADDRESS			
CITY-ST-ZIP	QUINCY, FL 32351			CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <b>Nancy Gee</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>4/14/05</b> <small>Day</small>		TELEPHONE <b>850-127-8887</b> <small>Daytime Phone</small>	