
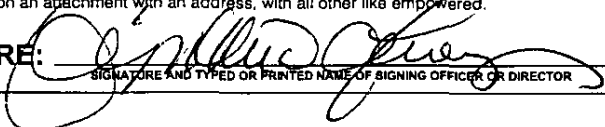


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90207 016 ****61.25

DOCUMENT # N04000011841					
1. Entity Name FOCUS OUTREACH MINISTRIES, INC.					
Principal Place of Business P.O. BOX 1441 CRAWFORDVILLE, FL 32326			Mailing Address P.O. BOX 1441 CRAWFORDVILLE, FL 32326		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WHETSTONE, 135 CLARK DRIVE PANACEA, FL 32326				Name WHETSTONE, DAVID	
				Street Address (P.O. Box Number is Not Acceptable)	
				162 TAFFLINGER RD	
				City CRAWFORDVILLE	FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNLAP, SAMUEL D		NAME		
STREET ADDRESS	135 CLARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PANACEA, FL 32326		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEINEHART, MELANIE		NAME	RUEHL, COLLEEN	
STREET ADDRESS	7944 COSTA HIGHWAY		STREET ADDRESS	26a GUINEVERE LN.	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLLILA, DANAE		NAME		
STREET ADDRESS	6442 PILLANA STREET		STREET ADDRESS		
CITY-ST-ZIP	KAPAA, HI 96746		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLLILA, STEVEN		NAME		
STREET ADDRESS	6442 PULLANA STREET		STREET ADDRESS		
CITY-ST-ZIP	KAPAA, FL 96746		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, CYNTHIA		NAME		
STREET ADDRESS	637 HUNTERS TRACE		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, RALPH		NAME		
STREET ADDRESS	637 HUNTERS TRACE		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			4/20/06		926-4044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #