

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

FILED
Apr 30, 2007 08:00 AM
Secretary of State



01102007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
34-2027239

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

WHETSTONE, DAVID
162 TAFFLINGER RD
CRAWFORDVILLE, FL 32327

**DO NOT WRITE
IN THIS SPACE**

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 DAVID WHETSTONE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/21/07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUNLAP, SAMUEL D
STREET ADDRESS	135 CLARK DRIVE
CITY-ST-ZIP	PANACEA, FL 32326
TITLE	D
NAME	RUEHL, COLLEEN
STREET ADDRESS	26A GUINEVERE LN
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	D
NAME	OLLILA, DANAE
STREET ADDRESS	6442 PILLANA STREET
CITY-ST-ZIP	KAPAA, HI 96746
TITLE	D
NAME	OLLILA, STEVEN
STREET ADDRESS	6442 PULLANA STREET
CITY-ST-ZIP	KAPAA, FL 96746
TITLE	D
NAME	THOMAS, CYNTHIA
STREET ADDRESS	637 HUNTERS TRACE
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	D
NAME	THOMAS, RALPH
STREET ADDRESS	637 HUNTERS TRACE
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327

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05/17/07-80026-025 61.25

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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:

CYNTHIA THOMAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-07

Date

850-260-2617

Daytime Phone #