

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N04000011841 1. Entity Name FOCUS OUTREACH MINISTRIES, INC.	
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Principal Place of Business P.O. BOX 1441 CRAWFORDVILLE, FL 32326	Mailing Address P.O. BOX 1441 CRAWFORDVILLE, FL 32326
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01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

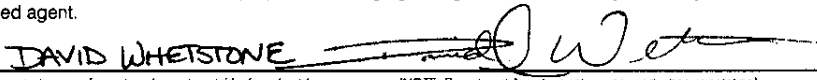
4. FEI Number 34-2027239	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHETSTONE, DAVID
 162 TAFFLINGER RD
 CRAWFORDVILLE, FL 32327

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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  4/21/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	D DUNLAP, SAMUEL D 135 CLARK DRIVE PANACEA, FL 32326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUEHL, COLLEEN 26A GUINEVERE LN CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLLILA, DANAE 6442 PILLANA STREET KAPAA, HI 96746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLLILA, STEVEN 6442 PULLANA STREET KAPAA, FL 96746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, CYNTHIA 637 HUNTERS TRACE CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, RALPH 637 HUNTERS TRACE 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 4-21-07 850-260-2617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #