


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000000330 1. Entity Name FOCUSING ON OUTREACH TO THE COMMUNITY FOR UNLIMITED SUCCESS, INC.	
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Principal Place of Business 1002 W. 23RD STREET, SUITE 400 PANAMA CITY, FL 32405	Mailing Address 1002 W. 23RD STREET, SUITE 400 PANAMA CITY, FL 32405
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01182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 83-0415229	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

MOORE, BARBARA
1002 W. 23RD STREET, SUITE 400
PANAMA CITY, FL 32405

**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 BARBARA S. MOORE DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

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	DP MOORE, BARBARA 1002 W. 23RD STREET, SUITE 400 PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEORGE, LAUREN O 3400 MINNOSOTA PANAMA CITY, FL 32402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, MICHAEL 2638 WEST 10 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REYNOLDS, BARBARA J 804 W. 10TH STREET PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000829726
02/26/08-80053-006 61.25

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: [Signature] DATE: 2/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR