


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

FILED
Feb 05, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N05000003870 1. Entity Name ON THE GO OUTREACH, INC. |  |
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| Principal Place of Business 641 SW 13TH STREET SUITE 101 OCALA, FL 34474 | Mailing Address 641 SW 13TH STREET SUITE 101 OCALA, FL 34474 |
|--|--|

DO NOT WRITE IN THIS SPACE



01112007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 20-3180995 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BULLINGTON, JOHN 641 SW 13TH STREET SUITE 101 OCALA, FL 34474 |
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**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GILLIGAN, TIMOTHY 4718 SW 1 AVENUE OCALA, FL 34474 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEWART, DANIEL T 2048 SE 31 STREET OCALA, FL 34471 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BULLINGTON, JOHN 2638 SW 20 CIRCLE OCALA, FL 34474 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GILLIGAN, ALICIA 4718 SW 1 AVENUE OCALA, FL 34474 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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02/14/07-80019-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____ **1/26/07** **352.873.376**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #