

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006616

FILED
Mar 26, 2009
Secretary of State

Entity Name: FREE SPIRIT OUTREACH INC.

Current Principal Place of Business:

10568 CYPRESS LAKES
PRESERVE DR
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

10568 CYPRESS LAKES
PRESERVE DR
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 87-0774207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JARAMILLO, LATCHMIN
10568 CYPRESS LAKES
PRESERVE DR
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: JARAMILLO, LATCHMIN MRS.
Address: 10568 CYPRESS LAKES PRESERVE DR
City-St-Zip: LAKE WORTH, FL 33467 US

Title: VP () Delete
Name: GRAY, DESREEN M
Address: 10568 CYPRESS LAKES PRESERVE DR
City-St-Zip: LAKE WORTH, FL 33467 US

Title: SEC. () Delete
Name: BELL, ANDREA M
Address: 10568 CYPRESS LAKES PRESERVE DR
City-St-Zip: LAKE WORTH, FL 33467 US

Title: TREA () Delete
Name: RICHARDS, TREVOR
Address: 4195 HAVERHILL RD. APARTMENT 305
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: FRANKSON, DELSUE
Address: 2136 NE 2ND STREET
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: SEC. (X) Change () Addition
Name: KNIGHT, JULIET
Address: 11642 TURHSTONE DRIVE
City-St-Zip: WELLINGTON, FL 33414 US

Title: TREA (X) Change () Addition
Name: RICHARDS, TREVOR
Address: 3496 CYPRESS TRAIL, APT. 205
City-St-Zip: WEST PALM BEACH, FL 33417

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TREVOR RICHARDS

MR.

03/26/2009

Electronic Signature of Signing Officer or Director

Date