


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2007 8:00 am**  
**Secretary of State**

09-07-2007 90001 047 \*\*\*\*70.00

<b>DOCUMENT # N06000007164</b>		
1. Entity Name <b>BLESSED 2 BLESS OUTREACH MINISTRIES, INC.</b>		

Principal Place of Business 4446 HENDRICKS AVENUE SUITE 260 JACKSONVILLE, FL 32207	Mailing Address 4446 HENDRICKS AVENUE SUITE 260 JACKSONVILLE, FL 32207
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40131603



2. Principal Place of Business - No P.O. Box # <b>4446 Hendricks Ave</b>		3. Mailing Address <b>4446 Hendricks Ave</b>	
Suite, Apt. #, etc. <b>260</b>		Suite, Apt. #, etc. <b>260</b>	
City & State <b>JACKSONVILLE FL</b>		City & State <b>JACKSONVILLE FL</b>	
Zip <b>32207</b>	Country <b>Duval</b>	Zip <b>32207</b>	Country <b>Duval</b>

06132007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>20-455-4059</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>HAMILTON, BECKY 4446 HENDRICKS AVENUE SUITE 260 JACKSONVILLE, FL 32207</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC HAMILTON, BECKY L 4446 HENDRICKS AVENUE, SUITE 260 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON-TAYLOR, MONICA 10352 MONACO DRIVE JACKSONVILLE, FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON-TAYLOR, MONICA 442 ISLAHORA DR. S. MACLENNY FL 32065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, OLA 3131 NORTH UNIVERSITY BLVD, SUITE C21 JACKSONVILLE, FL 32211 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLA BROWN 1622 JORK RD. #4 JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOLTON, DEBORAH 12908 HAVERFORD ROAD, NORTH JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Becky L Hamilton Becky L Hamilton

**8-31-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #