


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90004 005 ****61.25

DOCUMENT # N06000008197 1. Entity Name SOUTHERN CROSS OUTREACH, INC.					
Principal Place of Business P.O. BOX 899 BRISTOL, FL 32321			Mailing Address P.O. BOX 899 BRISTOL, FL 32321		
2. Principal Place of Business - No P.O. Box # 13118 NW SA 20		3. Mailing Address Suite, Apt. #, etc.			
City & State Bristol FL		City & State Suite, Apt. #, etc.		4. FEI Number 20-5369773	
Zip 32321		Country Liberty		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISHER, FRANCINE S 12233 NW DURHAM ROAD BRISTOL, FL 32321			7. Name and Address of New Registered Agent Name Francine S Fisher Street Address (P.O. Box Number is Not Acceptable) 13118 NW SR 20 City Bristol FL Zip Code 32321		
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 Francine S Fisher Francine S Fisher 3-5-2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		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	D <input type="checkbox"/> Delete FISHER, FRANCINE P.O. BOX 899 BRISTOL, FL 32321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Georgia A. Hosterford P.O. Box 899 Bristol, FL 32321	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BLACKBURN, TERRY PASTOR P.O. BOX 899 BRISTOL, FL 32321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Judy P. Franklin P.O. Box 899 Bristol, FL 32321	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FISHER, CLARENCE P.O. BOX 899 BRISTOL, FL 32321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Donnie Read P.O. Box 899 Bristol FL 32321	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SANDERS, JR, GEORGE A P.O. BOX 899 BRISTOL, FL 32321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BILBO, CLARE P.O. BOX 899 BRISTOL, FL 32321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STRICKLAND, CAROL K P.O. BOX 899 BRISTOL, FL 32321		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: <i>Francine S Fisher</i> Francine S Fisher 3-5-2007 80524-6279 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					