


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90030 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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5369773	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FISHER, FRANCINE S 12233 NW DURHAM ROAD BRISTOL, FL 32321				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 May 1, 2008		9. Election Campaign Financing <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 FISHER, FRANCINE P.O. BOX 899 BRISTOL, FL 32321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Georgia A Hosford PO Box 899 Bristol FL 32321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKBURN, TERRY PASTOR P.O. BOX 899 BRISTOL, FL 32321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bonnie Read PO Box 899 Bristol FL 32321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, CLARENCE P.O. BOX 899 BRISTOL, FL 32321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Judy P. Franklin PO Box 899 Bristol FL 32321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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 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 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> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-24-2008 Date Daytime Phone #		