

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008197

FILED
Mar 30, 2009
Secretary of State

Entity Name: SOUTHERN CROSS OUTREACH, INC.

Current Principal Place of Business:

P.O. BOX 899
BRISTOL, FL 32321

New Principal Place of Business:

12233 NW DURHAM ROAD
BRISTOL, FL 32321

Current Mailing Address:

P.O. BOX 899
BRISTOL, FL 32321

New Mailing Address:

FEI Number: 20-5369773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, FRANCINE S
12233 NW DURHAM ROAD
BRISTOL, FL 32321 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: D () Delete
Name: FISHER, FRANCINE
Address: P.O. BOX 899
City-St-Zip: BRISTOL, FL 32321

Title: D () Delete
Name: BLACKBURN, TERRY PASTOR
Address: P.O. BOX 899
City-St-Zip: BRISTOL, FL 32321

Title: D () Delete
Name: FISHER, CLARENCE
Address: P.O. BOX 899
City-St-Zip: BRISTOL, FL 32321

Title: D () Delete
Name: SANDERS, JR, GEORGE A
Address: P.O. BOX 899
City-St-Zip: BRISTOL, FL 32321

Title: D () Delete
Name: BILBO, CLARE
Address: P.O. BOX 899
City-St-Zip: BRISTOL, FL 32321

Title: D () Delete
Name: STRICKLAND, CAROL K
Address: P.O. BOX 899
City-St-Zip: BRISTOL, FL 32321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HOSFORD, GEORGIA A
Address: 14681 NE SR 65
City-St-Zip: HOSFORD, FL 32334

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

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

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

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

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: FRANCINE S FISHER

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date