2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008425

Entity Name: OPERATION OUTREACH INC.

FILED Apr 04, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 241 6TH AVENUE INDIALANTIC, FL 32903 **Current Mailing Address: New Mailing Address:** 241 6TH AVENUE INDIALANTIC, FL 32903 FEI Number: 20-5576436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HANCOCK, ELIZABETH P DO. 241 6TH AVENUE INDIALANTIC, FL 32903 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HANCOCK, ELIZABETH P DO Name: Name: 241 6TH AVENUE Address: Address: INDIALANTIC, FL 32903 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition Name: PEPE-KATALINAS, STEPHANIE A Name: Address: 239 BRISTOL COURT Address: City-St-Zip: MELBOURNE, FL 32952 City-St-Zip: Title: SEC () Delete Title: () Change () Addition GIBSON, MARY K Name: Name: Address: 2305 SHELL AVE Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PEPE, HELEN E Name: Address: 1104 SEMINOLE DRIVE Address: City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 City-St-Zip: Title: () Delete Title: () Change () Addition MARKS, JAMES Name: Name: 444 BLUE JAY LANE Address: Address: City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: Title: () Delete Title: () Change () Addition ELKEN, HARRIET Name: Name: Address: 248 CORAL WAY EAST Address: INDIALANTIC, FL 32903 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ELIZABETH PEPE HANCOCK, DO, FACOFP P 04/04/2007