# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 28, 2008**
**Secretary of State**

DOCUMENT# N06000008425

**Entity Name:** OPERATION OUTREACH INC.

**Current Principal Place of Business:**

241 6TH AVENUE
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

241 6TH AVENUE
INDIALANTIC, FL 32903

**New Mailing Address:**

**FEI Number: 20-5576436** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

HANCOCK, ELIZABETH P DO.
241 6TH AVENUE
INDIALANTIC, FL 32903 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: | P | ( ) Delete |
| Name: | HANCOCK, ELIZABETH P DO | |
| Address: | 241 6TH AVENUE | |
| City-St-Zip: | INDIALANTIC, FL 32903 | |
| Title: | VP | ( ) Delete |
| Name: | PEPE-KATALINAS, STEPHANIE A | |
| Address: | 239 BRISTOL COURT | |
| City-St-Zip: | MELBOURNE, FL 32952 | |
| Title: | SEC | ( ) Delete |
| Name: | GIBSON, MARY K | |
| Address: | 2305 SHELL AVE | |
| City-St-Zip: | INDIALANTIC, FL 32903 | |
| Title: | T | ( ) Delete |
| Name: | PEPE, HELEN E | |
| Address: | 1104 SEMINOLE DRIVE | |
| City-St-Zip: | INDIAN HARBOUR BEACH, FL 32937 | |
| Title: | D | ( ) Delete |
| Name: | MARKS, JAMES | |
| Address: | 444 BLUE JAY LANE | |
| City-St-Zip: | SATELLITE BEACH, FL 32937 | |
| Title: | D | ( ) Delete |
| Name: | ELKEN, HARRIET | |
| Address: | 248 CORAL WAY EAST | |
| City-St-Zip: | INDIALANTIC, FL 32903 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| 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: | |
| 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: ELIZABETH PEPE HANCOCK, D.O. P 08/28/2008

Electronic Signature of Signing Officer or Director — Date