

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002679

FILED
Apr 24, 2008
Secretary of State

Entity Name: STRAIT GATE COMMUNITY OUTREACH, INC

Current Principal Place of Business:

4811 NE SAVANNAH RD
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

4811 NE SAVANNAH RD
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SILAS, PATRICK L SR
4811 NE SAVANNAH RD
JENSEN BEACH, FL 34957 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: SILAS, PATRICK L SR
Address: 4811 NE SAVANNAH RD
City-St-Zip: JENSEN BEACH, FL 34957

Title: VP () Delete
Name: SILAS, PATRICK L JR
Address: 2485 SE MONTEREY LN
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VP () Delete
Name: SILAS, ADAM B
Address: 201 AUTUM BREEZE WAY
City-St-Zip: WINTER PARK, FL 32792

Title: T () Delete
Name: SILAS, PATRICE L
Address: 4741 LUCIA CT
City-St-Zip: WINTER PARK, FL 32792

Title: A T () Delete
Name: SILAS, BEATRICE
Address: 4811 NE SAVANNAH RD
City-St-Zip: JENSEN BEACH, FL 34957

Title: S () Delete
Name: SILAS, CHAVONN
Address: 2485 SE MONTEREY LN
City-St-Zip: PORT ST. LUCIE, FL 34952

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
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City-St-Zip:

Title: () Change () Addition
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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: PATRICK L SILAS

P

04/24/2008

Electronic Signature of Signing Officer or Director

Date