

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007924

FILED  
Feb 17, 2008  
Secretary of State

Entity Name: VALUABLE ONE OUTREACH, INC.

## Current Principal Place of Business:

5882 BIMINI CIRCLE EAST  
WEST PALM BEACH, FL 33407

## New Principal Place of Business:

## Current Mailing Address:

5882 BIMINI CIRCLE EAST  
WEST PALM BEACH, FL 33407

## New Mailing Address:

FEI Number: 87-0809717

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPANN, ALBERTA  
5882 BIMINI CIRCLE EAST  
WEST PALM BEACH, FL 33407 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: SPANN, ALBERTA  
Address: 5882 BIMINI CIRCLE EAST  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T ( ) Delete  
Name: SPANN, KIM  
Address: 5882 BIMINI CIRCLE EAST  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S ( ) Delete  
Name: SPANN, MONIQUE  
Address: 617 57TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: M ( ) Delete  
Name: PORTER, TAMIKO  
Address: 1010 INDIAN TRACE CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: M ( ) Delete  
Name: SPANN, EUGENE  
Address: 5882 BIMINI CIRCLE EAST  
City-St-Zip: WEST PALM BEACH, FL 33407

## 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:

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: ALBERTA SPANN

P

02/17/2008

Electronic Signature of Signing Officer or Director

Date