



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90112 043 ****70.00

DOCUMENT # N30187 1. Entity Name HOMELESS AND ORPHAN OUTREACH, INC.					
Principal Place of Business 400 KENT AVENUE LAKE PLACID, FL 33852			Mailing Address P.O. BOX 1370 LAKE PLACID, FL 33862		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01302007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2992538	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required Not Applicable			
6. Name and Address of Current Registered Agent WHITE, TROY W SR. 144 JAMISON AVE LAKE PLACID, FL 33852			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. 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. I am familiar with, and accept the obligations of registered agent.			Signature _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RULE, BRICK 162 MORGAN PL PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITE, TROY SR 144 HILLSIDE AVENUE LAKE PLACID, FL 33852 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVSEY, JOHN 108 LAKE JUNE RD LAKE PLACID, FL 33852 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, LEE 3410 MILLER AVE LAKE PLACID, FL 33852 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DURRANCE, KATHRYN 1125 PEACHTREE DR LAKE PLACID, FL 33852 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLT, VIRGINIA 100 REDWATER LANE LAKE PLACID, FL 33852 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Troy White - Troy White</u> 2/5/07 863-699-5010 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

EXT-239

ATTACHMENT

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OTHER DIRECTORS FOR HOMELESS AND ORPHAN OUTREACH, INC. FOR 2007

TITLE: V

NAME: ESCOBAR, OMAR
ST. ADDRESS: 1221 LAKE CLAY DRIVE
CITY, ST-ZIP: LAKE PLACID, FLORIDA 33852

TITLE: D

NAME: BREWINGTON, MICHELLE
ST. ADDRESS: 1150 CATFISH CREEK ROAD
CITY-ST-ZIP: LAKE PLACID, FLORIDA 33852

TITLE: D

NAME: REMICK, PATTI
ST. ADDRESS: 703 CHELSEE WAY
CITY-ST-ZIP: LAKE PLACID, FLORIDA 33852

TITLE: D

NAME: PAUL, JOHN
ST. ADDRESS: 400 LIVE OAK LANE
CITY-ST-ZIP: LA BELLE, FLORIDA 33935

TITLE: D

NAME: WILKES, BRENDA
ST. ADDRESS: 184 HUNTLEY OAKS BLVD.
CITY-ST-ZIP: LAKE PLACID, FLORIDA 33852

ADDITION OF ONE DIRECTOR:

TITLE: D

NAME: STITT, SANDY
ST. ADDRESS: 4513 W. U.S. 27
CITY-ST-ZIP: CLEWISTON, FLORIDA 33440

DELETE THE BELOW DIRECTOR:

NAME: JOHN HORNE
ST. ADDRESS: 176 EKHOFF LANE
CITY-ST-ZIP: LAKE PLACID, FLORIDA 33852

Troy White
Troy White
2/5/07