


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N44304</b> 1. Entity Name <b>FREEDOM OUTREACH HELP CENTER INC.</b>	
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Principal Place of Business <b>11755 CEDAR STREET DUNNELLON, FL 34430 US</b>	Mailing Address <b>P.O. BOX 1967 DUNNELLON, FL 34430 US</b>
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DO NOT WRITE IN THIS SPACE



04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3076900</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**THOMAS, LEROY OR ROSE M  
11821 BOSTICK ST  
DUNNELLON, FL 34430**

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IN THIS SPACE

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP THOMAS, LEROY 11821 BOSTICK ST DUNNELLON, FL 34430
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV THOMAS, ROSE M. 11821 BOSTICK ST DUNNELLON, FL 34430
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BULLOCK, MATTIE M. 1506 NEW LENOX LANE DUNNELLON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SIMMONS, BERNADETTE 1627 J. WILLIAM LANE DUNNELLON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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000000332695  
04/26/05-80069-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Leroy Thomas - LEROY THOMAS 4-25-05 (352) 489-8777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #