

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90197 049 ****70.00

DOCUMENT # N44304

1. Entity Name
FREEDOM OUTREACH HELP CENTER INC.



Principal Place of Business

11755 CEDAR STREET
DUNNELLON, FL 34430 US

Mailing Address

P.O. BOX 1967
DUNNELLON, FL 34430 US



04102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3076900

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	THOMAS, LEROY
STREET ADDRESS	11821 BOSTICK ST
CITY-ST-ZIP	DUNNELLON, FL 34430
TITLE	DV
NAME	THOMAS, ROSE M.
STREET ADDRESS	11821 BOSTICK ST
CITY-ST-ZIP	DUNNELLON, FL 34430
TITLE	DS OLD ^{NEW}
NAME	BOLLOCK, MATTIE M. MONIQUE T. TERRELL
STREET ADDRESS	1506 NEW LENOX LANE 1667 J. William Lane
CITY-ST-ZIP	DUNNELLON, FL DUNNELLON, FL 34430
TITLE	DT
NAME	SIMMONS, BERNADETTE (BERNADETTE SIMMONS GAINES)
STREET ADDRESS	1687 J. WILLIAM LANE 34430
CITY-ST-ZIP	DUNNELLON, FL
TITLE	
NAME	1667
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Leroy Thomas* **LEROY THOMAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2006 352 489-8777

Date

Daytime Phone #