

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44304

FILED
Apr 24, 2007
Secretary of State

Entity Name: FREEDOM OUTREACH HELP CENTER INC.

Current Principal Place of Business:

11755 CEDAR STREET
DUNNELLON, FL 34430 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1967
DUNNELLON, FL 34430 US

New Mailing Address:

FEI Number: 59-3076900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, LEROY OR ROSE M
11821 BOSTICK ST
DUNNELLON, FL 34430 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: DP () Delete
Name: THOMAS, LEROY,
Address: 11821 BOSTICK ST
City-St-Zip: DUNNELLON, FL 34430

Title: DV () Delete
Name: THOMAS, ROSE M.,
Address: 11821 BOSTICK ST
City-St-Zip: DUNNELLON, FL 34430

Title: DS () Delete
Name: TERRELL, MONIQUE T
Address: 1667 J. WILLIAM LANE
City-St-Zip: DUNNELLON, FL 34430

Title: DT () Delete
Name: SIMMENE, BERNADETTE
Address: 1627 J. WILLIAM LANE
City-St-Zip: DUNNELLON, FL 34430

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: DT (X) Change () Addition
Name: MADISON, RACHEL
Address: 6745 SE 107TH STREET
City-St-Zip: BELLEVIEW, FL 34420

I hereby certify that the information supplied with this filing does not qualify for the 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: LEROY THOMAS

DP

04/24/2007

Electronic Signature of Signing Officer or Director

Date