

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44304

FILED  
Apr 09, 2008  
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: MADISON, RACHEL  
Address: 6745 SE 107TH STREET  
City-St-Zip: BELLEVIEW, FL 34420

**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:

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: LEROY THOMAS

DP

04/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date