2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2009
Secretary of State

DOCUMENT# N44304

Entity Name: FREEDOM OUTREACH HELP CENTER INC.

Current Principal Place of Business:

11755 CEDAR STREET
DUNNELLON, FL 34430 US

New Principal Place of Business:

16220 SW 47TH PLACE ROAD
OCALA, FL 34481 US

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	(X) 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: THOMAS, LEROY DP 05/27/2009

Electronic Signature of Signing Officer or Director — Date