

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48738

FILED
Apr 25, 2005
Secretary of State

Entity Name: SSOSS OUTREACH, INC.

Current Principal Place of Business:

P O BOX 5236
VERO BCH, FL 32961 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 5236
VERO BCH, FL 32961 US

New Mailing Address:

FEI Number: 65-0308232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STIMPLE-HASKELL, SUEANNA
975 ROYAL PALM BLVD
VERO BCH, FL 32960 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: STIMPLE-HASKELL, SUE, ANNA
Address: 975 ROYAL PALM BLVD
City-St-Zip: VERO BCH, FL 32960

Title: DVP () Delete
Name: HASKELL, ROGER L
Address: 975 ROYAL PALM BLVD
City-St-Zip: VERO BCH, FL 32960

Title: D () Delete
Name: STIMPLE, BRADLEY T
Address: 13002 CLIFTON BLVD.
City-St-Zip: LAKEWOOD, OH 44107

Title: D () Delete
Name: KILPATRICK, RACHELLE A
Address: 375 W KEY LIME SQ. S.W.
City-St-Zip: VERO BEACH, FL 32968

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: D (X) Change () Addition
Name: KISTLER, RACHELLE A
Address: 4412 5TH PLACE SOUTHWEST
City-St-Zip: VERO BEACH, FL 32968

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SUEANNA STIMPLE-HASKELL

DP

04/25/2005

Electronic Signature of Signing Officer or Director

Date