2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N94000000360

Entity Name: UNITED FAMILY OUTREACH, INC.

Current Principal Place of Business:

833 WYATT STREET
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

1739 S. GREENWOOD AVENUE
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMBERT, STEVE
10066 LINDEN PLACE DRIVE
SEMINOLE, FL 33776 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:	PD	( ) Delete
Name:	LAMBERT, STEVE	
Address:	10066 LINDEN PLACE DRIVE	
City-St-Zip:	SEMINOLE, FL 33776	
Title:	TD	( ) Delete
Name:	VAN, BRUCE	
Address:	8799 BARDMOOR BLVD #303	
City-St-Zip:	LARGO, FL 33777	
Title:	SD	( ) Delete
Name:	RICE, CHERLY	
Address:	1101 MARINE STREET	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	D	( ) Delete
Name:	RICE, LEVI	
Address:	1101 MARINE STREET	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	D	( ) Delete
Name:	NELLER, WES	
Address:	3463 GLASSY IBIS COURT	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	D	( ) Delete
Name:	SIKTBERG, JOHN	
Address:	14367 87TH AVE N	
City-St-Zip:	SEMINOLE, FL 33776	

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:	
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 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: BRUCE VAN TD 04/25/2005
Electronic Signature of Signing Officer or Director — Date