

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000360

FILED
Mar 01, 2007
Secretary of State

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. MARTIN LUTHER KING JR., AVE.
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: 1956 HARDING STREET
City-St-Zip: CLEARWATER, FL 33765

Title: SD () Delete
Name: RICE, CHERYL
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: LANHAM, DAVID
Address: 1278 ALHAMBRA COURT
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: CROASMUN, CHARLES
Address: 1666 SUMMERDALE DRIVE S.
City-St-Zip: CLEARWATER, FL 33764

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
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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 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: STEVE LAMBERT

PAST

03/01/2007

Electronic Signature of Signing Officer or Director

Date