

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000360

FILED  
Jun 16, 2009  
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 ( )  
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:

## Name and Address of New Registered Agent:

LAMBERT, STEVE  
10002 KEY HAVEN RD.  
#501  
SEMINOLE, FL 33777 US

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: 10002 KEY HAVEN RD. #501  
City-St-Zip: SEMINOLE, FL 33777

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  
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: BRUCE VAN

BOOK

06/16/2009

Electronic Signature of Signing Officer or Director

Date