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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State

04-26-2004 91033 035 ****61.2

| 1. Entity Nam | MENT # N9600003 OF LIFE OUTREACH, INC. | 3273 | | 04-20-2004 91033 033 01.23 | |
|--|--|--|--|--|-----|
| Principal Place of Business 160 SOUTH CENTRAL AVENUE OVIEDO, FL 32765 US | | Mailing Address 160 SOUTH CENTRAL AVENUE OVIEDO, FL 32765 US | | | |
| 2. Principal P | Place of Business | 3. Mailing Address | - | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02122004 Chg-NP CR2E037 (10/03) | |
| City & State | | City & State | | 4. FEI Number Applied For 59-3398124 Not Applicable | - |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired S8.75 Additional Fee Required | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New Registered Agent | l |
| DOSTON | MADVC | | Name | | |
| BOSTON, 2682 RUN OVIEDO, I | NING SP LOOP | , | Street Ad | ddress (P.O. Box Number is Not Acceptable) | |
| • | | | City | ₽ Zip Code | _ |
| | | | | FL ZIP Code | |
| | tions of registered agent. | in the parpose of one ging ne | | registered agent, or both, in the State of Florida. I am familiar with, and accept | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE | : Registered Agent signature | are required when reinstating) DATE | |
| SIGNATURE | Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004 | | npaign Financing | stre required when reinstating) \$5.00 May Be Added to Fees Make check payable to Florida Department of State | 12 |
| SIGNATURE | Filling Fee is \$61.25 | 9. Election Can Trust Fund C | npaign Financing | \$5.00 May Be Make check payable to | 200 |
| | Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Can Trust Fund C | npaign Financing ontribution. [] 11. TITLE NAME STREET ADDRESS | S5.00 May Be Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition Change Addition | |
| 10. TITLE NAME STREET ADDRESS | Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI PCEO BOSTON, MARY S 2682 RUNNING SP LOOP | 9. Election Can Trust Fund C | npaign Financing ontribution. [Incomplete of the contribution of t | \$5.00 May Be Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 UABBHALL GEIEE R. 1058 Alpuq AZ OUG DO, FL. 32765 Change Addition Trank Bleaker 707 Timberville Avenue Winter Springs, FL. 32708 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI PCEO BOSTON, MARY S 2682 RUNNING SP LOOP OVIEDO, FL 32765 VP SLOAN, WILLIAM 3535 OLD LOEKWOOD RD OVIEDO, FL 32765 DTD THOMPSON, SHARON | 9. Election Can Trust Fund C RECTORS | npaign Financing ontribution. [Incomplete of the contribution of t | \$5.00 May Be Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 UABBHALL GEIEE R. 1058 Alpuq AZ OUG DO, FL. 32765 Change Addition Trank Bleaker 707 Timberville Avenue Winter Springs, FL. 32708 | 1 |
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment withvan address; with all other like empowered.

SIGNATURE

GNATURE AND TYPEO'OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04

407-971-1770