2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2005
Secretary of State

DOCUMENT# N97000000772

Entity Name: WILLIAMS OUTREACH, INC.

Current Principal Place of Business:

1131 FL AVE
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

1131 FL AVE
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 65-0726687 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

WILIAMS, ELGENETTE
1131 FL AVE
CLEWISTON, FL 33440 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: WILLIAMS, ELGENETTE
Address: 1131 FL AVE
City-St-Zip: CLEWISTON, FL 33440

Title: SD ( ) Delete
Name: EVERETTE, WINNIE
Address: 1131 FL AVE
City-St-Zip: CLEWISTON, FL 33440

Title: VP ( ) Delete
Name: WILLILAMS, BENNIE
Address: 1131 FL AVE
City-St-Zip: CLEWISTON, FL 33440

Title: TD ( ) Delete
Name: BROWN, PRISCILLA
Address: PO BOX 684/706 DELLA TOBIAS
City-St-Zip: CLEWISTON, FL 33440

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:

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: ELGENETTE WILLIAMS PRES 06/14/2005

Electronic Signature of Signing Officer or Director — Date