


**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002279					
1. Entity Name FAITH CONNECTION OUTREACH, INC.					
Principal Place of Business 5006 CYPRESS TRACE DR TAMPA FL 33624 US			Mailing Address P.O. BOX 270435 TAMPA FL 33688-0435 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3444282	
6. Name and Address of Current Registered Agent COHEN, ROBERT 2918 BUSH CAKE BLVD TAMPA FL 33614				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARE, LEE		NAME		
STREET ADDRESS	P.O. BOX 270435		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33688		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PITTMAN, BARBARA ESQ		NAME		
STREET ADDRESS	10014 N PALE MABRY HWY STE 101		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SADIBOU, TOURE		NAME		
STREET ADDRESS	8807 RUSTIC TRAIL COURT		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33635		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'MARA, KATHLEEN		NAME		
STREET ADDRESS	PO BOX 66378		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG BEACH FL 33736		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E037 (10/05)

4. FEI Number **59-3444282** Applied For Not Applied

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
 Change Addition
100000540880
05/10/06-80035-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 with an address, with all other like empowered.

SIGNATURE _____