

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90015 050 \*\*\*\*61.25

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3444282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, ROBERT  
2918 BUSH CAKE BLVD  
TAMPA FL 33614

*Robert C. Blondd CPA  
320 W. Fletcher Ave  
Ste 105  
Tampa FL 33612*

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete  
NAME WARE, LEE  
STREET ADDRESS P.O. BOX 270435  
CITY-ST-ZIP TAMPA FL 33688

TITLE D ☐ Delete  
NAME PITTMAN, BARBARA ESO  
STREET ADDRESS 10014 N PALE MABRY HWY STE 101  
CITY-ST-ZIP TAMPA FL 33612

TITLE D ☐ Delete  
NAME SADIBOU, TOURE  
STREET ADDRESS 8807 RUSTIC TRAIL COURT  
CITY-ST-ZIP TAMPA FL 33635

TITLE D ☐ Delete  
NAME O'MARA, KATHLEEN  
STREET ADDRESS PO BOX 66378  
CITY-ST-ZIP ST. PETERSBURG BEACH FL 33736

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *[Signature]*

*3-108 8/13-971-3331*