2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N97000002279

Entity Name: FAITH CONNECTION OUTREACH, INC.

Current Principal Place of Business:

5006 CYPRESS TRACE DR
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 270435
TAMPA, FL 336880435 US

New Mailing Address:

FEI Number: 59-3444282 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLONDED, ROBERT CPA
320 W FLETCHER AVE STE 105
TAMPA, FL 33612 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:	DPT	( ) Delete
Name:	WARE, LEE	
Address:	P.O. BOX 270435	
City-St-Zip:	TAMPA, FL 33688	
Title:	D	( ) Delete
Name:	PITTMAN, BARBARA ESQ	
Address:	10014 N PALE MABRY HWY STE 101	
City-St-Zip:	TAMPA, FL 33612	
Title:	D	( ) Delete
Name:	SADIBOU, TOURE	
Address:	8807 RUSTIC TRAIL COURT	
City-St-Zip:	TAMPA, FL 33635	
Title:	D	( ) Delete
Name:	O'MARA, KATHLEEN	
Address:	PO BOX 66378	
City-St-Zip:	ST. PETERSBURG BEACH, FL 33736	

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 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: LEE E. WARE PRES 04/26/2009

Electronic Signature of Signing Officer or Director — Date