

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90235 013 ****61.25

DOCUMENT # N97000002279



1. Entity Name
FAITH CONNECTION OUTREACH, INC.

Principal Place of Business
**1445 W BUSCH BLVD
TAMPA FL 33612
US**

Mailing Address
**P.O. BOX 270435
TAMPA FL 33688-0435
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

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
**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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 | <input type="checkbox"/> Delete |
| NAME | WARE, LEE | |
| STREET ADDRESS | P.O. BOX 270435 | |
| CITY-ST-ZIP | TAMPA FL 33688 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DESMOND, CINDY | |
| STREET ADDRESS | 13711 COUNTRY COURT DRIVE | |
| CITY-ST-ZIP | TAMPA FL 33624 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PITTMAN, BARBARA ESQ | |
| STREET ADDRESS | 10014 N PALE MABRY HWY STE 101 | |
| CITY-ST-ZIP | TAMPA FL 33612 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SADIBOU, TOURE | |
| STREET ADDRESS | 8807 RUSTIC TRAIL COURT | |
| CITY-ST-ZIP | TAMPA FL 33635 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | O'MARQ, CATHY | |
| STREET ADDRESS | PO BOX 66378 | |
| CITY-ST-ZIP | ST. PETERSBURG BEACH FL 33736 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SMALL, LINDA | |
| STREET ADDRESS | 2130 W. PARIS ST. | |
| CITY-ST-ZIP | TAMPA FL 33604 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *4-29-03 813-968-6713*

CR2E037 (10/02)