

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006405

FILED  
May 05, 2006  
Secretary of State

Entity Name: FAITH CHRISTIAN OUTREACH, INC.

## Current Principal Place of Business:

37240 SR 19  
UMATILLA, FL 32784 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 920  
EUSTIS, FL 32727 US

## New Mailing Address:

P.O. BOX 920  
EUSTIS, FL 32727 US

FEI Number: 59-3484263      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:

COX, BILL J  
31936 TROPICAL SHORES DR  
TAVARES, FL 32778 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: COX, BILL J  
Address: 31936 TROPICAL SHORES DR.  
City-St-Zip: TAVARES, FL 32778

Title: MD ( ) Delete  
Name: WRIGHT, EARL  
Address: 34918 CR 437 NORTH  
City-St-Zip: EUSTIS, FL 32736

Title: SD ( ) Delete  
Name: BEATY, FRANK  
Address: 312 LAUREL COVE COURT  
City-St-Zip: CLERMONT, FL 34711

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BILL J. COX

PD

05/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date