


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000007119 1. Entity Name CENTRAL FLORIDA OUTREACH MINISTRIES, INC.	
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Principal Place of Business 19150 PARK PLACE BLVD EUSTIS, FL 32736	Mailing Address 19150 PARK PLACE BLVD EUSTIS, FL 32736
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DO NOT WRITE IN THIS SPACE



02162006 No Chg-NP CR2E037 (11/05)

4. FEE Number 59-3483193	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EBERT, ROBERT E JR. 19150 PARK PLACE EUSTIS, FL 32736
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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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$81.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, JENNIFER R 27201 WOODHOLLOW RD MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD EBERT, CAROL S 19150 PARK PLACE EUSTIS, FL 32736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLLAND, MICHAEL D 19049 LAKE SWATARA DR. EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>1100000439719 03/02/06-80013-004 61.25</p> DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2/16/06 <small>Date</small>	352-787-1005 <small>Daytime Phone #</small>
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