2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 14, 2005 8:00 am Secretary of State **DOCUMENT # N99000007577** 04-14-2005 90097 040 ****61.25 CHRISTIAN BENEVOLENCE OUTREACH, INC. Principal Place of Business Mailing Address 107 N 2ND STREET P.O. BOX 493412 LEESBURG, FL 34748 LEESBURG, FL 34749 2. Principal Place of Business 3. Mailing Address 2204 CITRUS BLYD Suite, Apt. #, etc. Suite, Apt. #, etc. 03262005 Chg-NP CR2E037 (10/03) SUITE City & State City & State 4. FEI Number 59-3621696 Applied For LEBSRURG Not Applicable FLA Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired LAKE Fee Required 34748 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JORDAN, EDWARD P II 13543 EAST HIGHWAY 50 Street Address (P.O. Box Number is Not Acceptable) CLERMONT, FL 34711 City 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 eignsture required when reinstating) DATE Make check payable to \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing П Due by May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D ☐ Delete TITLE Change ☐ Addition BABCOCK, JIM NAME NAME STREET ADDRESS P.O. BOX 493412 STREET ADDRESS LEESBURG, FL 34749 CITY-ST-ZIP CITY-ST-ZIP D TITLE ☐ Delete TATA F Chance Chance Addition | BABCOCK, SHIRLEY NAME STREET ADDRESS P.O. BOX 493412 STREET ADDRESS City-ST-7IP LEESBURG, FL 34749 CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Addition NAME PAYTON, PATRICIA NAME STREET ADDRESS P.O. BOX 493412 STREET ADDRESS CITY-ST-ZP LEESBURG, FL 34749 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ROLAND MURPHY, JACK NAME NAME STREET ADDRESS PO BOX 1164 STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER, FL. 34423 CITY-ST-71P TITLE Delete TITLE Change Addition CATHERINE MURPHY, MARY NAME NAME STREET ADDRESS PO BOX 1164 STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER, FL 34423 CITY-ST-7/P TITLE Delete TITLE ☐ Change Addition JACQUART-PYLE, JOANNE NAME NAME STREET ADDRESS PO BOX 2268 STREET ADDRESS CITY-ST-ZIP UMATILLA, FL 32784 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 inclicated 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: JIM BABCOCK 3523604727 NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED