

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14641

FILED  
Aug 22, 2007  
Secretary of State

**Entity Name:** WAY OF THE CROSS OUTREACH, INC.

**Current Principal Place of Business:**

6907 NW HERSHEY CIRCLE  
PORT SAINT LUCIE, FL 34983

**New Principal Place of Business:**

2085 GOLDEN MEADOWS WAY  
BARTOW, FL 33830

**Current Mailing Address:**

6907 NW HERSHEY CIRCLE  
PORT SAINT LUCIE, FL 34983

**New Mailing Address:**

2085 GOLDEN MEADOWS WAY  
BARTOW, FL 33830

**FEI Number:** 61-0922741      **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:**

BOWLDS, EDWARD  
6907 HERSHEY CIRCLE  
PORT ST. LUCIE, FL 34983      US

**Name and Address of New Registered Agent:**

BOWLDS, EDWARD  
2085 GOLDEN MEADOWS WAY  
BARTOW, FL 33830      US

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: \_\_\_\_\_

08/22/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BOWLDS, EDWARD,  
Address: 6907 HERSHEY CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL

Title: STD      ( ) Delete  
Name: BOWLDS, DOROTHY,  
Address: 6907 HERSHEY CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL

Title: VD      ( ) Delete  
Name: NELSON, KENNETH  
Address: 836 MADISON STREET  
City-St-Zip: HARTFORD, KY 42347

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: BOWLDS, EDWARD,  
Address: 2085 GOLDEN MEADOWS WAY  
City-St-Zip: BARTOW, FL 33830

Title: STD      (X) Change ( ) Addition  
Name: BOWLDS, DOROTHY,  
Address: 2085 GOLDEN MEADOWS WAY  
City-St-Zip: BARTOW, FL 33830

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: EDWARD BOWLDS

PRES

08/22/2007

Electronic Signature of Signing Officer or Director

Date