FILE NOW: FILING FEE IS \$61.25

NONPROFIT



COR	PORATION JAL REPORT	Sandra B. Socretary	Mortham	•	AND FILED
	1997	DIVISION OF CO		9	7 APR 18 AM 9: 29
DOCUI	VENT# 767885	-		SF	CRETARY OF A
	HERN OUTREACH SEI	RVICES AND CL	JB Y.A.N.A	. TĂĹ	CRETARY OF STATE
INC.				7	
Principa Place of Business Mailing Address				<u> </u>	
111 Howes St. 111 Howes St. Allandale, F1. 32127-5472 Same				·	
ALIG	Madie, Fit. 5212	1-3412 501	iie	3. Date Incorporated or Qualified 5	sa. Date of Last Report
	190 ₁₂			04/11/1983	10/03/96
2. Principal Place of Business 2a. Mailing Address 21				4. FEI Number	Applied For Not Applicable
Suite, Apt i	Suite, Apt # etc Suite, Apt #, etc			59-2298750 5. Certificate of Status Desired	C9 75 Advisional
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζφ 24	Country 25	Zip	Country	8. This corporation has liability for intar	ngible tax under s. 199.032, es 🔽 No
24	9. Name and Address of Current	<u> </u>		10. Name and Address of New Regist	
			81 Name		
Betty J. Knutson 340 Quiet Trail Dr. 82 Street Address (dress (P.O. Box Number is Not Acceptable)	
Daytona, F1. 32124					
Day	cond, ri. 32124				
			84 City		FL 85 Zip Code
11. Pursuant t	e the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the above-named cor	rporation submits this statement for the purp	ose of changing its registered
agent Lar	egistered agent, or doth, in the state on the high at accept the obligation	ons of Section 617.0503, Flori	da Statutes.	rporation submits this statement for the purp ation's board of directors. I hereby accept th	e appointment as registered
SIGNATURE	Signature Typed or parell to the parell signature agent	and the policiable Betty	J Knutso Registereo Agent signature requ	MANAGER4/16/97	DATE
12.	Sufficiency Typied or pured untile of egyptied agent OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
THE	CEO / P Gustavson, Don	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME		`	1.2 NAME	1 000Q0 <u>2</u> 3,1	50551-011
STREET ADDRESS	5581 Lancewood I Port Orange, Fl.		1.3 STREET ADDRESS	-U4/22/3	.25 *****61.25
CITY-ST ZIF	D orange, rr,	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	*****	Change Addition
NAME	Bumpus, George	precit	2.2 NAME		CT Ownige CT Martin
STREET ADORESS	. 59 Golden Gate (Cr.	2 3 STREET ADDRESS		ł
CHY-ST 70P	Port Orange, Fl.	32019	2. 4 CITY-ST-ZIP		
TETLE	D	DELETE	3.1 TITLE		Change Addition
NAME	Hooper, Hellen	١	3 2 NAME		
STREET ADDRESS	29 Golden Gate (Port Orange, Fl.		3 3 STREET ADDRESS 3 4 CITY-ST-ZIP		
THE THE		DELETE	41 11TLE		Change Addition
NAME	T Kay Messinger		4.2 NAME		Í
STREET ADDRESS	2904 Lantern Dr.		43 STREET ADDRESS		
CIY SI-26	S. Daytona, Fl.	32119 DELETE	44 CiTY - ST - ZIP		Change Addition
TITLE NAME	12	Utilit	5.1 TITLE 5.2 NAME		FT cuards FT Wangton
STREET ADDRESS	Larry Messinger 2904 Lantern Dr.		5.2 NAME 5.3 STREET ADDRESS	1	
City-St-ZiP	So. Daytona, Fl.		5 4 CITY-ST-ZIP	.07.1.219	<u> </u>
1/10	"	DELETE	61 TITLE	1/1/1/10/	Change
NAME	Gerri Lewis	. э но-	6.2 NAME	P "	
STREET ADORESS	110 Botefuhr Ave		6 3 STREET ADDRESS		
CITY - \$1 - 7/F	Daytona Bch. Sho	1168, LT. 271	D6.4 CITY-ST-ZIP		

14. If do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE:

APPROVED.