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Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767885 (7)

1. Corporation Name

SOUTHERN OUTREACH SERVICES AND CLUB Y.A.N.A., IN C.

Principal Place of Business	Mailing Address
111 HOWES STREET ALLANDALE FL 32127-5472	111 HOWES STREET ALLANDALE FL 32127-5472

3. Date Incorporated or Qualified: 04/11/1983

4. FEI Number: 59-2298750 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KNUTSON, BETTY J
340 QUIET TR DR
PORT ORANGE FL 32124

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: BETTY J. KNUTSON Betty J. Knutson (NOTE: Registered Agent signature required when reinstating) DATE: Jan. 6, 1998
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOP	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	GUSTAVSON, DON		1.2 NAME	CHRIS SCHRIEDEL	
STREET ADDRESS	5581 LANCEWOOD DR		1.3 STREET ADDRESS	1052 GARY BLVD.	
CITY-ST-ZIP	PORT ORANGE FL 32127		1.4 CITY-ST-ZIP	SO. DAYTONA, FL. 32119	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BUMPUS, GEORGE		2.2 NAME		
STREET ADDRESS	59 GOLDEN GATE CR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32019		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOOPER, HELLEN		3.2 NAME		
STREET ADDRESS	29 GOLDEN GATE CR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32019		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MESSINGER, KAY		4.2 NAME		
STREET ADDRESS	2904 LANTERN DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	S. DAYTONA FL 32119		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MESSINGER, LARRY		5.2 NAME		
STREET ADDRESS	2904 LANTERN DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SO. DAYTONA FL 32119		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, GERRI		6.2 NAME		
STREET ADDRESS	110 BOTEFUHR AVE., APT. #8A		6.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH. SHORES FL 32118		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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 on an attachment with an address.

SIGNATURE: DON GUSTAVSON CEO 1-4-97 904-788-4486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone