NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 767885**

1. Corporation Name

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

Principal Place of Business

Mailing Address

111 HOWES STREET ALLANDALE FL 32127-5472 111 HOWES STREET ALLANDALE FL 32127-5472

## FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90146 024 \*\*\*\*61.25

98/66 · 90146 · 24 V



|  | hern Outreach, Image SAME   |  |                           |   | 04/11/1983   |                                       |                 |
|--|---|--|---------------------------|---|--|---------------------------------------|-----------------|
| 21 ニンピップ<br>Suite, Apt.  | HERN OUTREACH, IM   | Suite, Apt. #, etc.  | <u> </u>                  | ·   | 4. FEI Number  | Apr                                   | lied For        |
|  |   | <u> </u>   |                           |   | 59-2298750   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Applicable      |
| 22 /// HOWES ST 27 City & State City & State   |   |  |                           |   | 33 2230130   | \$8.75 A                              |                 |
| 23 AMANDALE FI. 28   |   |  |                           |   | 5. Certificate of Status Desired   |                                       |                 |
| Zip<br>24 321,   | Country Zip Cou<br>32/27 25 U.S.A 29 30   |  |                           |   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |                                       |                 |
| 9. Name and Address of Current Registered Agent  |   |  |                           | 10. Name and Address of New Registered Agent          |  |                                       |                 |
|  | or teams and Address of Surrous.  |  | 81                        | Name  |  |                                       |                 |
| MARKACAL METAL   |   |  |                           |   |  |                                       |                 |
| KNUTSON, BETTY J<br>340 QUIET TO PROPERTY OF LAURIE AVE<br>PORT-GRANGE-PE-32124 PORT ORANGE, F1, 32127 |   |  |                           | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                                       |                 |
|  |   |  |                           | 83  |  |                                       |                 |
|  |   |  |                           |   |  |                                       |                 |
|  |   |  |                           | City  |  | FL 85 Zip C                           |                 |
| 11. Pursuant   | to the provisions of Sections 617.0502 a  | and 617.1508, Florida Statutes,                                  | the above                 | -named corp   | oration submits this statement for the purpo                                       | ose of changing its r                 | egistered       |
| office or r  | registered agent, or both, in the State of<br>im familiar with, and accept the obligation | rionda. Such change was auth<br>ns of, Section 617,0503, Florida | onzed by t<br>a Statutes. | rie corporatio  | on's board of directors. I hereby accept the                                       | appointment as reg                    | 1,0100          |
| SIGNATURE  |   | $\sim$   | 0.1                       | 1,0   | sand Ja  | v. 6. 1999                            | T               |
| SIGNATURE  | Signature, typed of printed name of registered agent ar                                   | nd title if applicable. (NOTE/Re                                 | gistered Agent            | signature required                                    | d when reinstating) D/   | ATE                                   |                 |
| 12.  | OFFICERS AND  |  | 13.                       |   | ADDITIONS/CHANGES TO OFFICE  |                                       |                 |
| TITLE  | CEOP  | ☐ DELETE   | 1.1 TITLE                 | \$  | Se c.  | ☐ Change                              | Addition        |
| NAME   | GUSTAVSON, DON  |  | 1.2 NAME                  | R   | CHERT BUSHOUSE 40 QUIET TRAIL DR,  |                                       | •               |
| STREET ADDRESS   | 5581 LANCEWOOD DR   |  | 1.3 STREET                | ADDRESS 3   | 40 QUIET TRAIL DE,   | à                                     |                 |
| CITY-ST-ZIP  |   |  | 1.4 CITY-ST               | .ZIP D  | AYTONA Beh., Fl. 321<br>HAIRMAN  | 24                                    |                 |
| TITLE  | D   | ☐ DELETE   | 2.1 TITLE                 | 2   | HAIRMAN  | ☐ Change                              | <b>Addition</b> |
| NAME   | BUMPUS, GEORGE  |  | 2.2 NAME                  | 133   | ETTY I. KNUTSON  |                                       |                 |
| STREET ADDRESS   |   |  | 2.3 STREET                | ADDRESS 44  | 109 LAURIE AVE.  |                                       |                 |
| CITY-ST-ZIP  | PORT ORANGE FL 32019  |  | 2.4 C/TY-ST-ZIP           |   | ETTY J. KNUTSON<br>109 LAURIE AVE.<br>PORTORANGE, Fl. 32                           | 2127                                  |                 |
| TITLE  | D   | DELETE 3.11  |                           |   |  | ☐ Change                              | Addition        |
| NAME   |   |  | 3.2 NAME                  | ]   |  |                                       |                 |
| STREET ADDRESS   |   |  | 3.3 STREET                | ADDRESS   |  |                                       |                 |
| CITY-ST-ZIP  | PORT ORANGE FL 32019  | ,  | 3.4. CITY-S1              | ZIP   |  |                                       |                 |
| TITLE  | T   | DELETE   | 4.1 TITLE                 |   |  | ☐ Change                              | Addition        |
| NAME   | MESSINGER, KAY .  | <i>'</i>   | 4.2 NAME                  |   |  |                                       |                 |
| STREET ADDRESS   |   |  | 4.3 STREET                | ADORESS   |  |                                       |                 |
| CITY-ST-ZIP  | 2904 CHAILCHIA DIX  |  | 4.4 CITY-ST               | ſ   |  |                                       |                 |
| TITLE  | D   | DELETE 5.1   |                           |   |  | ☐ Change                              | Addition        |
| NAME   | MESSINGER, LARRY  | <i>/</i> \   | 5.2 NAME                  |   |  |                                       |                 |
| STREET ADDRESS   | 1   |  | 5.3 STREET                | AODRESS   |  |                                       |                 |
| 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                  | }   |  |                                       |                 |
|  | ,   |  | 6.3 STREET                | ADORESS (   |  |                                       |                 |
| STREET ADDRESS   | 110 BOTEFUHR AVE., APT. #8A   | 10   | 6.4 CITY-ST               | i   |  |                                       |                 |
| CITY-ST-7tP  | LIBERTON BLOOD SOURCES EL 321   | 10   | J                         |   |  |                                       |                 |

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 suppliemental 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, with all other like empowered.

SIGNATURE:

SIGNATURE SEQUESTA STAND TAN. 6 1999 761-

CR2E037 (11/98)