2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State
01-18-2000 90007 025 ****61.25

DOCUMENT # 767885

1. Entity Name

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

Principal Place of Business	Mailing Address
SOUTHERN OUTREACH INC. 111 HOWES ST. ALLANDALE FL 32127	111 HOWES STREET ALLANDALE FL 32127-5472

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

KNUTSON, BETTY J
409 LAURIE AVE.
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name

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

City **FL** 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOP GUSTAVSON, DON 5581 LANCEWOOD DR PORT ORANGE FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHRIS SCHRIEDEL 1052 GARY BLVD. SO. DAYTONA, FL. 32119	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUMPUS, GEORGE 59 GOLDEN GATE CR PORT ORANGE FL 32019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOOPER, HELLEN 29 GOLDEN GATE CR PORT ORANGE FL 32019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC TREASURE HELLEN HOOPER 29 GOLDEN GATE CIR. PORT ORANGE, FL. 32119	☒ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BUSHOUSE, ROBERT 340 QUIET TRAIL DR. DAYTONA FL 32124	☒ Delete DIED	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C KNUTSON, BETTY J 409 LAURIE AVE. PORT ORANGE FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEWIS, GERRI 110 BOTEFUHR AVE., APT. #8A DAYTONA BCH. SHORES FL 32118	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add

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 indicated 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: Betty J Knutson JAN. 7, 2000 904-761-3533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #