

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90416 035 ****70.00

DOCUMENT # N02000000676

1. Entity Name

**SOCIAL ENDURANCE LEARNING FOR LIFE (SELF)
OUTREACH CENTER, INC.**



Principal Place of Business

**1645 36TH STREET
ORLANDO FL 32839**

Mailing Address

**1645 36TH STREET
ORLANDO FL 32839**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

54-2081184

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITTAKER, WANDA Y
1645 36TH STREET
ORLANDO FL 32839**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME WHITTAKER, WANDA Y
STREET ADDRESS 1645 36TH STREET
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WHITTAKER, ELROY
STREET ADDRESS 1645 36TH STREET
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME JEFFERSON, ALMEDA
STREET ADDRESS 2949 WILLIE MAYS PARKWAY
CITY-ST-ZIP ORLANDO FL 32811

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME SEAVERSON, DANIQUE
STREET ADDRESS 7450 BEACON HILL LOOP, APT. 2
CITY-ST-ZIP ORLANDO FL 32808

TITLE SD ☐ Change ☒ Addition
NAME Crouch, Cheryl
STREET ADDRESS 5017 Steyr Street
CITY-ST-ZIP Orlando, FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Wanda Y. Whittaker Wanda Y. Whittaker 4-13-06 (407)841-8538