

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008183

FILED
Feb 03, 2004
Secretary of State

Entity Name: NEWBERRY DEVELOPMENT OUTREACH SERVICE, INC.

Current Principal Place of Business:

8710 SW 170TH STREET
ARCHER, FL 32618

New Principal Place of Business:

Current Mailing Address:

8710 SW 170TH STREET
ARCHER, FL 32618

New Mailing Address:

FEI Number: 61-1436210 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MELLS, GEORGE L
8710 SW 170TH STREET
ARCHER, FL 32618

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MELLS, GEORGE L
Address: 8710 SW 170TH STREET
City-St-Zip: ARCHER, FL 32618

Title: D () Delete
Name: JONES, NATHANIEL
Address: 25408 SW 17TH AVENUE
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: JONES, MARY B
Address: 25408 SW 17TH AVENUE
City-St-Zip: NEWBERRY, FL 32669

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MELLS, CAROLYN
Address: 8710 S.W. 170TH ST.
City-St-Zip: ARCHER, FL 32618

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATHANIEL JONES

V.P

02/03/2004

Electronic Signature of Signing Officer or Director

_____ Date