

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 14, 2005  
Secretary of State**

DOCUMENT# N03000008183

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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**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: D      ( ) Delete  
Name: MELLS, CAROLYN  
Address: 8710 S.W. 170TH ST.  
City-St-Zip: ARCHER, FL 32618

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

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

D

07/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date