FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11: 20

DOCUMENT # N27264 (3)

1. Corporation Name

LAMBDA OUTREACH, INC.

Principal Place of Business	Mailing Address
1722 RIDGEWOOD AVENUE HOLLY HILL FL 32117	1722 RIDGEWOOD AVENUE HOLLY HILL FL 32117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1988
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2897172 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

	2. Principal Place of Business		2a. Mailing Address
21	119 S. Palmetto Ave	26	119 S. Palmetto Ave.
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: Daytona Beach, FL	28	City & State: Daytona Beach, FL
24	Zip: 32114	29	Zip: 32114
25	Country: Volusia	30	Country: Volusia

9. Name and Address of Current Registered Agent

HESS, LAURA
14 BIG BUCK TRAIL
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name: William Dinan
82 Street Address (P.O. Box Number is Not Acceptable): 3780 Clyde Morris Blvd., Apt. 2303
83
84 City: Port Orange FL
85 Zip Code: 32119

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE [signature] William Dinan, President February 15, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VD [X] Change [ ] Addition
NAME	BUTLER, JILL	1.2 NAME	Charles Foster
STREET ADDRESS	1333 SHANGRI-LA DRIVE	1.3 STREET ADDRESS	546 Jacobsen Ave.
CITY-ST-ZIP	DAYTONA BCH. FL	1.4 CITY-ST-ZIP	Holly Hill, FL 32117
TITLE	TD	2.1 TITLE	[ ] Change [ ] Addition
NAME	STEWART, EDWARD, H	2.2 NAME	
STREET ADDRESS	2 WILLOW COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	PD [X] Change [ ] Addition
NAME	HESS, LAURA	3.2 NAME	William Dinan
STREET ADDRESS	14 BIG BUCK TRAIL	3.3 STREET ADDRESS	3780 Clyde Morris Blvd., Apt.2303
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	Port Orange, FL 32119
TITLE	SD	4.1 TITLE	[ ] Change [ ] Addition
NAME	POPE, CECILE	4.2 NAME	
STREET ADDRESS	1039 MICHAEL ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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.

SIGNATURE: [signature] (Edward H. Stewart) 2/15/95 (904)672-6069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0023402