

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90025 007 ****70.00

DOCUMENT # N27264 1. Entity Name OUTREACH COMMUNITY CARE NETWORK, INC.					
Principal Place of Business 240 N FREDRICK AVENUE STE D DAYTONA BEACH, FL 32114 US			Mailing Address PO BOX 9177 DAYTONA BEACH, FL 32120 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JENNINGS, LORETTA 176 BRANDY HILLS DR. PORT ORANGE, FL 32129			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 reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD FLEET, MARK VAN 2545 S ATLANTIC AVE DAYTONA BEACH, FL 32118	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Phyllis LaVianna 116 Snow Goose Ct. Daytona Beach, FL 32119
		☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED JENNINGS, LORETTA 176 BRANDY HILLS DR. PORT ORANGE, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Gerald Frisbee 3536 Forest Branch Dr Apt C Port Orange, FL 32129
		☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARUSA, EDWARD 1942 TETON LANE DAYTONA BEACH, FL 32128	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Loretta Jennings</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date 1/30/08 (386) 255-5569 Daytime Phone #	