

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000005325 (6)**

1. Corporation Name

**FAITH-TO-GROW CROSSCULTURAL OUTREACH, INC.**

Principal Place of Business

**8741 HARE AVENUE  
JACKSONVILLE FL 32211**

Mailing Address

**8741 HARE AVENUE  
JACKSONVILLE FL 32211**



3. Date Incorporated or Qualified  
**11/13/1993**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number

**59-3298851**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**DANTZLER, LEONARD B  
8741 HARE AVENUE  
JACKSONVILLE FL 32211**

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

DANTZLER, LEONARD

☐ DELETE

NAME

8741 HARE AVE

STREET ADDRESS

JACKSONVILLE FL 32211

CITY-ST-ZIP

TITLE

D

WILSON, LOUISE

☐ DELETE

NAME

4616 MONCRIEF RD -#7

STREET ADDRESS

JACKSONVILLE FL 32209

CITY-ST-ZIP

TITLE

D

NEWMAN, TONISA

☒ DELETE

NAME

154 W. 28TH STREET

STREET ADDRESS

JACKSONVILLE FL 32206

CITY-ST-ZIP

TITLE

D

WILSON, LOUISE

☐ DELETE

NAME

4616 MONCRIEF RD -#7

STREET ADDRESS

JACKSONVILLE FL 32209

CITY-ST-ZIP

TITLE

D

NEWMAN, TONISA

☐ DELETE

NAME

154 W. 28TH STREET

STREET ADDRESS

JACKSONVILLE FL 32206

CITY-ST-ZIP

TITLE

D

WILSON, LOUISE

☐ DELETE

NAME

4616 MONCRIEF RD -#7

STREET ADDRESS

JACKSONVILLE FL 32209

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

☐ Change ☐ Addition

1.2 NAME

Cathy Castagno

1.3 STREET ADDRESS

6244 Pottsburg Plant Blvd.

1.4 CITY-ST-ZIP

JACKSONVILLE FL 32216

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Leonard B. Dantzler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96  
Date

Daytime Phone #

CR2E037 (12/95)