

FILE NOW: FILING FEE IS \$61.25

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90226 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001945

1. Corporation Name
SET FREE COALITION OUTREACH PROGRAMS, INC.

Principal Place of Business 10315 NW 39TH MANOR CORAL SPRINGS FL 33065	Mailing Address 10315 NW 39TH MANOR CORAL SPRINGS FL 33065
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country	3. Date Incorporated or Qualified 04/04/1997	4. FEI Number 65-0826606	Applied For Not Applicable
23. City & State	28. Pompano Beach, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24. Zip Country	29. 33060 30. US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

ZANDERS, JOHNNY L
~~10315 NW 39TH MANOR~~
~~CORAL SPRINGS FL 33065~~

10. Name and Address of New Registered Agent

81. Name ZANDERS, JOHNNY L.
 82. Street Address (P.O. Box Number is Not Acceptable)
 1588 NW 4th Avenue
 83.
 84. City Pompano Beach FL 85. Zip Code 33060

Moved to →

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 *Johnny L. Zanders Sr.* DATE 4/29/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREEN, LEROY	
STREET ADDRESS	10315 NW 39TH MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ANDERSON, CYNTHIA	
STREET ADDRESS	3155 CORAL RIDGE DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RUSSELL, CHARLIE	
STREET ADDRESS	4145 NW 59TH ST	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Johnny L. Zanders Sr.* DATE: 4/29/99 (954) 943-9051

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