

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N30187 (1)

1. Corporation Name

HOMELESS AND ORPHAN OUTREACH, INC.

Principal Place of Business

500 KENT AVENUE  
PO BOX 1370  
LAKE PLACID FL 33852-8370

Mailing Address

500 KENT AVENUE  
PO BOX 1370  
LAKE PLACID FL 33862-1370  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

3. Date incorporated or Qualified

01/13/1989

3a. Date of Last Report

02/27/1996

4. FEI Number

59-2992538

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRILLWITZ, HENRY  
330 LAKE MIRROR  
LAKE PLACID FL 33852

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOODSON, GENE	
STREET ADDRESS	115 8TH ST.	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WHITE, TROY SR.	
STREET ADDRESS	144 HILLSIDE AVENUE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	PRILLWITZ, HENRY	
STREET ADDRESS	330 LAKE MIRROR	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, DICK	
STREET ADDRESS	12 MEADOW LAKE DR	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAUL JR., JOHN	
STREET ADDRESS	110 NORTH LIV EOAK LANE	
CITY-ST-ZIP	LABELLE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HOLT, VIRGINIA	
STREET ADDRESS	100 REDWATER LANE	
CITY-ST-ZIP	LAKE PLACID FL	

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 do 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.

SIGNATURE:

Troy White Sr. 1/29/97 944-465-2422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0054135

CR2E037 (9/96)