NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700001945

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

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

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



2. Principal Pi	ace of Business	2a. Mailing Address	ithe 1	3. Date Incorporated or Qualifed	
21		26 588 NW	4 Avenu		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number 65-0826606	Applied For
22		27		0070020000	Not Applicable
City & State	e	City & State	Read Fl	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
23	- Country		Jeach, 171	6 Floring Company Fire Prince	
Zip	Country	29 33060 [30 US	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	9. Name and Address of Current		30 00	10. Name and Address of New Register	
-10315 NW		noved to -	83 84 City ()	ANDERS, JOHNNY L Bidress (P.O. Box Nymberis Not acceptable) e Romano Bach F	EL 85 Zip Code 3306 D
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named combration 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		Rigistered Agent signature req		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GREEN, LEROY		1.2 NAME		}
STREET ADDRESS	10315 NW 39TH MANOR		1.3 STREET ADDRESS		İ
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY-ST-ZIP		C Addition
TITLE	SO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, CYNTHIA		2.2 NAME	•	}
STREET ADDRESS	3155 CORAL RIDGE DR		2.3 STREET ADDRESS		1
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2. 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	TD	☐ DELETE	3.1 TIYLE		☐ Change ☐ Audition
NAME	RUSSELL, CHARLIE		3.2 NAME		
STREET ADDRESS	4145 NW 59TH ST		3.3 STREET ADDRESS		į
CITY-ST-ZIP	COCONUT CREEK FL 33073	[] per exe	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY+ST-ZIP		☐ Change ☐ Addition
TITLE			5.1 TITLE 5.2 NAME		
NAME .			5.3 STREET ADDRESS		[
STREET ADDRESS	(A. C. C.		5.4 CITY-ST-ZIP		
CITY-ST-ZIP	- A		6.1 TITLE		☐ Change ☐ Addition
TITLE		عاددات	6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY-ST-ZIP		
COV ET 710					

14. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR B

Jandes St. 429/99 (954) 943-905

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