2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000005573

1. Entity Name



FILED Feb 18, 2003 8:00 am § Secretary of State

02-18-2003 90103 009 ****61.25

	:N'S CARE OUTREACH, INC.					
Principal Pla 1650 MARVIN LAKE WALES		Mailing Address 1650 MARVIN STREET LAKE WALES FL 33859				
2 Principal	Place of Business	Lo Marilla and				
		3. Mailing Address		1 1 20 11101 0 11 30 111	BANK BANK BANK BANK BANA	0/16/ 0 /2// 20068 1/// 160/
Suite, Apt. #, etc.		Suite, Apt. #, etc.		□ C+	 HECK HERE IF MAKING C	CHANGES
City & State		City & State		4. FEI Number 59-	3666633	Applied For
Zip	Country	Zip	Country	5. Certificate of Statu	us Desired	Not Applicable 3.75 Additional
	6. Name and Address of Current	Registered Agent		7. Name and Addres	ss of New Registered Age	e Required
		:	Name		or men magnetered Age	
SPIEGEL & UTRERA, P.A.			Street Address	s (P.O. Box Number is Not	Acceptable)	
343 ALMERIA AVENUE CORAL GABLES FL 33134						
			City		FL	Zip Code
8. The above	e named entity submits this statement fo	r the purpose of changing its r	egistered office or registe	ered agent, or both, in the		niliar with, and accept
ine obliga						
SIGNATURE						
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating)	DATE	
FILE NOW: FEE IS \$61.25		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 DIF	RECTORS	I 11.	ADDITIONS/CHANGES	TO OFFICERS AND DIREC	TORS IN 10
TITLE	PD	RECTORS Delete	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIREC	
TITLE NAME	PD HAYES, GLENN E		TITLE NAME	ADDITIONS/CHANGES		CTORS IN 10 Change
TITLE NAME STREET ADDRESS	PD Hayes, glenn e 1650 Marvin Street		TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES		
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12. 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 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:

863-678-1231