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

## DOCUMENT # N97000001945

1. Entity Name

|--|

FILED Apr 11, 2003 8:00 am Secretary of State

SET FREE COALITION OUTREACH PROGRAMS, INC.					J4-11-2003 901 / / 034 *·	01.23
Principal Plac 2855 NW 4TH S POMPANO BEA US	STREET	Mailing Address 2655 NW 4TH STREET POMPANO BEACH FL 33069 US	,		(881) 881) 881) 881) 881) 881) 881)	B(II 8(98) 8)() (88)
2. Principal P	lace of Business 6 th Place	3. Mailing Address 324 NW 16	The Place			
Suite, Apt.	#, etc.	Suite Apt. #, etc.	Zanders		HECK HERE IF MAKING CHAN	IGES
City & State	no Beach, Fl	Pompano Bla	ch, Fl	4. FEI Number 65-	0826606	Applied For Not Applicable
33060		3360	Country A	5. Certificate of Star	tus Desired  Fee Re	Additional equired
	6. Name and Address of Current	Registered Agent	Name 1	7. Name and Addre	ess of New Registered Agent	
	, JOHNNY L		J61	hnny L. Z s (P.O. Box Number is No	Canders ot Acceptable)	
	4TH_STREET D'BEACH FL 33069		324	NW 16"	* Place	
			City Pom		ach FL 3	Code 3060
	named entity submits this statement folions of registered agent.	r the purpose of changing its re	gistered office or regist	teled agent, or both, in the	ne State of Florida. I am familiar	with, and accept
SIGNATURE .	Johnny L. Zan Signature, typed or printedname of registered agent	DOUS John Mand title if applicable. (NOTE: F	g S. Sand egistered Agent signature requi	ars fr. red when reinstating)	4/8/03 DATE	
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.						
ı	FILE NOW: FEE IS \$61.25			\$5.00 May Be Added to Fees	Make Check Paya Florida Department	
10.	OFFICERS AND DIF	Trust Fund Cor		Added to Fees		of State
10.		Trust Fund Cor	ntribution.	Added to Fees	Florida Department	RS IN 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIF PD GREEN, LEROY 10315 NW 39TH MANOR CORAL SPRINGS FL 33065 SD	Trust Fund Cor	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida Department	RS IN 10 ange
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIF PD GREEN, LEROY 10315 NW 39TH MANOR CORAL SPRINGS FL 33065	Trust Fund Cor . RECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees  ADDITIONS/CHANGE	Florida Department S TO OFFICERS AND DIRECTO	RS IN 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIF PD GREEN, LEROY 10315 NW 39TH MANOR CORAL SPRINGS FL 33065 SD ANDERSON, CYNTHIA 3155 CORAL RIDGE DR	Trust Fund Cor . RECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS=	Added to Fees  ADDITIONS/CHANGE	Florida Department S TO OFFICERS AND DIRECTO	RS IN 10 ange
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PD GREEN, LEROY 10315 NW 39TH MANOR CORAL SPRINGS FL 33065 SD ANDERSON, CYNTHIA 3155 CORAL RIDGE DR CORAL SPRINGS FL 33065 TD RUSSELL, CHARLIE 4145 NW 59TH ST	Trust Fund Cor	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS= CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS=	Added to Fees  ADDITIONS/CHANGE	Florida Department S TO OFFICERS AND DIRECTO	RS IN 10 ange
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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.