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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 7 1. Corporation Name  FRONTLINE OUTREACH	719567 (O) H, INC.		1 10 114 110 11 11 11 11 1 1 1 1 1 1 1 1	BBI 2/811 BIBI AISII BIBI BIBI BIBI AISI
Principal Place of Business	Mailing Address			
-3000 W CARTER ST P. O. BOX 555445 ORLANDO FL 32805	-3000 W OARTER ST P. O. BOX 555445 ORLANDO FL 32805		Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business	0.14-7		10/23/1970	03/20/1995
3000 C.R.Smith St	2a. Mailing Address	555445	4. FEI Number 23-7227148	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	Not Applicabl \$8.75 Additional
City & State	City & State		5. Certificate of Status Desired	Fee Required
Orlando, FL	City & State 28 ORUAND	6 . Fr	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zio Couetr	ry Zip	Country	This corporation has liability for int	Added to Fees
3280 5 25	29 32855 ess of Current Registered Agent	30	Florida Statutes	Yes 🔼 No
9, Hallie allo Addit	ass of Current Hegistered Agent	81 Name	10. Name and Address of New Reg	gistered Agent
SMITH, C.R. 4563 N LAKE ORLANDO PAI ORLANDO FL 32808	RKWAY	82 Street Ad	delress (P.O. Box Number is Not Acceptable)	
		84 City		85 Zip Code
or registered agent, or both, in the	ions 617.0502 and 617.1508, Florida Statute e State of Florida. Such change was authorize ations of, Section 617.0503, Florida Statutes.	ed by the corporation's bo	ocration submits this statement for the purpo oard of directors. Thereby accept the appoin	ise of changing its registered offic itment as registered agent. I am
SIGNATURESignature, (spection printed mainle	of registered agent and the Happhodule (No.)	TE Registered Agent signature requ	ired when renstring	DATE
SIGNATURE Signature, tyred or printed name  12. C		TE Registered Agent signature requ	ited when reinstating)  ADDITIONS CHANGES TO OFFICE	DATE FRS AND DIRECTORS IN 12
SIGNATURE  Signature, bytest or printed name  12.  C  ITLE  DS  CUMMINS, JIM	of registered agent and the Fapple of the COPERS AND DIRECTORS  DELETE	IE Bayestereo Agent signature required 13.	ADDITIONS CHANGES TO OFFICE	DATE
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Signature	of registrate agent and the Lappicode (NC)  DEFICERS AND DIRECTORS  DELETE	18. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 DITY-ST-ZIP	ADDITIONS CHANGES TO OFFICE  DVICE C  PRICE, NATHAN P.O.BOX 131) N/A  ORLANDO, FL 32802	DATE FRS AND DIFFECTORS IN 12 Change X Addition
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Signature: Specific printed name  2. C  ILE  ME  REET ADDRESS ITY-ST-ZIP  LE  ME  SMITH, C.R.  4563 N LAKE ORL  ORLANDO FL	Consistent agent and the Lappellodate (NC)  OFFICERS AND DIRECTORS  DELETE  R., #711  DELETE  LANDO PKWY	18. 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 31 TITLE	ANDMINISTRANCES TO OFFICE DVICE C PRICE, NATHAN P.O.BOX 131) N/A ORLANDO, FL 32802 DT BRACY, LAVON 3802-A SILVER STAR RI ORLANDO, FL 32808 DS	DATE FRS AND DIFFECTORS IN 12 Change X Addition Change X Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96

407-293-3000 Daytima Phone #