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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **719567** **(0)**

1. Corporation Name

FRONTLINE OUTREACH, INC.

Principal Place of Business	*Mailing Address*
3000 C.R. SMITH STREET P. O. BOX 555445 ORLANDO FL 32805 US	P.O. BOX 555445 ORLANDO FL 32855-5445 US

3. Date Incorporated or Qualified: **10/23/1970**
3a. Date of Last Report: **04/02/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **23-7227148** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SMITH, C.R.
4563 N LAKE ORLANDO PARKWAY
ORLANDO FL 32808

10. Name and Address of New Registered Agent

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: C.R. Smith — 3/6/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVC	☐ DELETE	1.1 TITLE	DC	☒ Change ☐ Addition
NAME	PRICE, NATHAN		1.2 NAME	PRICE, NATHAN	
STREET ADDRESS	P.O. BOX 1311 N/A		1.3 STREET ADDRESS	PO BOX 1311 N/A	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	ORLANDO, FL	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, C.R.		2.2 NAME		
STREET ADDRESS	4563 N LAKE ORLANDO PKWY		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	DC	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEDBETTER, WELDON		3.2 NAME		
STREET ADDRESS	390 N. ORANGE AVE., STE. 100-CD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE	DVC	☒ Change ☐ Addition
NAME	BRACY, LAVON		4.2 NAME	BRACY, LAVON	
STREET ADDRESS	3802-A SILVER STAR ROAD		4.3 STREET ADDRESS	3802-A SILVER STAR RD	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	ORLANDO, FL	
TITLE	DS	☐ DELETE	5.1 TITLE	DST	☒ Change ☐ Addition
NAME	JENKINS, TONY		5.2 NAME	JENKINS, TONY	
STREET ADDRESS	9188 MONTEVELLO DRIVE		5.3 STREET ADDRESS	9188 MONTEVELLO DR	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	ORLANDO, FL 2	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: C. R. Smith **REQUIRED** — 3/6/97 (407)293-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0017991