FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Jan 29 1998 8:00am
Secretary of State

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 32805 US

3. Date Incorporated or Qualified: 10/23/1970

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

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: Larry A. Curry
82 Street Address (P.O. Box Number is Not Acceptable): 402 S Versailles Drive
83:
84 City: Orlando **FL** 85 Zip Code: 32808

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 _____ 1/13/98
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	DC	☑ DELETE	1.1 TITLE	DC	☑ Change ☐ Addition
NAME	PRICE, NATHAN		1.2 NAME	Scott Cahill	
STREET ADDRESS	P.O. BOX 1311 N/A		1.3 STREET ADDRESS	131 Park Lake Street	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, FL 32803	
TITLE	P	☑ DELETE	2.1 TITLE	P	☑ Change ☐ Addition
NAME	SMITH, C.R.		2.2 NAME	Ralph Veerman	
STREET ADDRESS	4563 N LAKE ORLANDO PKWY		2.3 STREET ADDRESS	3000 C.R. Smith Street	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, FL 32805	
TITLE	DVC	☑ DELETE	3.1 TITLE	DS	☑ Change ☐ Addition
NAME	BRACY, LAVON		3.2 NAME	Richard W. Tesch	
STREET ADDRESS	3802-A SILVER STAR ROAD		3.3 STREET ADDRESS	100 Sunport Lane Suite 2100	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Orlando, FL 32809	
TITLE	DST	☑ DELETE	4.1 TITLE	DT	☑ Change ☐ Addition
NAME	JENKINS, TONY		4.2 NAME	Ann Brown-Harris	
STREET ADDRESS	9188 MONTEVELLO DRIVE		4.3 STREET ADDRESS	3700 34th Street, Suite 100	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Orlando, FL 32805	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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 (10/97)

14. 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 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: _____ **TURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR