

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 32805
US**

3. Date Incorporated or Qualified

10/23/1970

4. FEI Number

23-7227148

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **Larry A. Curry**

82 Street Address (P.O. Box Number is Not Acceptable)

402 E 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	☒ DELETE
NAME	PRICE, NATHAN	
STREET ADDRESS	P.O. BOX 1311 N/A	
CITY-ST-ZIP	ORLANDO FL	

1.1 TITLE	DC	☒ Change ☐ Addition
1.2 NAME	Scott Cahill	
1.3 STREET ADDRESS	131 Park Lake Street	
1.4 CITY-ST-ZIP	Orlando, FL 32803	

TITLE	P	☒ DELETE
NAME	SMITH, C.R.	
STREET ADDRESS	4563 N LAKE ORLANDO PKWY	
CITY-ST-ZIP	ORLANDO FL	

2.1 TITLE	P	☒ Change ☐ Addition
2.2 NAME	Ralph Veerman	
2.3 STREET ADDRESS	3000 C.R. Smith Street	
2.4 CITY-ST-ZIP	Orlando, FL 32805	

TITLE	DVC	☒ DELETE
NAME	BRACY, LAVON	
STREET ADDRESS	3802-A SILVER STAR ROAD	
CITY-ST-ZIP	ORLANDO FL	

3.1 TITLE	DS	☒ Change ☐ Addition
3.2 NAME	Richard W. Tesch	
3.3 STREET ADDRESS	100 Sunport Lane suite 2100	
3.4 CITY-ST-ZIP	Orlando, FL 32809	

TITLE	DST	☒ DELETE
NAME	JENKINS, TONY	
STREET ADDRESS	9188 MONTEVELLO DRIVE	
CITY-ST-ZIP	ORLANDO FL	

4.1 TITLE	DT	☒ Change ☐ Addition
4.2 NAME	Ann Brown-Harris	
4.3 STREET ADDRESS	3700 34th Street, Suite 100	
4.4 CITY-ST-ZIP	Orlando, FL 32805	

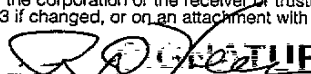
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)