FILE NOW: FILING FEE IS $61.25

FILED
Mar 08, 1999 8:00 am
Secretary of State
03-08-1999 90031 010 ****61.25

0018577

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719567

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	10/23/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7227148 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CURRY, LARRY A
4028 VERSAILLES DRIVE
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name: PAUL MAURER
82 Street Address (P.O. Box Number is Not Acceptable): 2470 WHISPERING MAPLE DR
83:
84 City: ORLANDO FL 85 Zip Code: 32837

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: PAUL MAURER — Paul Maurer — DATE: 3/4/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CAHILL, SCOTT		1.2 NAME		
STREET ADDRESS	131 PARK LAKE ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		1.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	2.1 TITLE	P	☐ Change ☒ Addition
NAME	VEERMAN, RALPH		2.2 NAME	ARTO WOODLEY, JR	
STREET ADDRESS	3000 C.R. SMITH ST		2.3 STREET ADDRESS	3000 C.R. SMITH ST	
CITY-ST-ZIP	ORLANDO FL 32805		2.4 CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TESCH, RICHARD W		3.2 NAME		
STREET ADDRESS	100 SUNPORT LANE, STE. 2100		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32809		3.4. CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BROWN-HARRIS, ANN		4. 2 NAME		
STREET ADDRESS	3700 34TH ST, STE. 100		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32805		4.4 CITY-ST-ZIP		
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 (11/98)

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, with all other like empowered.

SIGNATURE: Arto Woodley JR **REQUIRED** — 3/4/99 — 407-293-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #