

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 719567 1. Entity Name FRONTLINE OUTREACH, INC.	
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Principal Place of Business 3000 C.R. SMITH STREET ORLANDO, FL 32805 US	Mailing Address P.O. BOX 555445 ORLANDO, FL 32805-5445 US
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DO NOT WRITE IN THIS SPACE



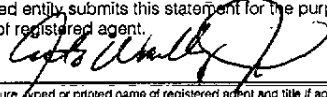
01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7227148	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WOODLEY, ARTO 3000 CR SMITH STREET ORLANDO, FL 32805

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

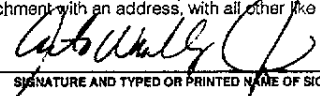
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAHILL, SCOTT 3000 C.R. SMITH STREET ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WOODLEY, ARTO JR 3000 C.R. SMITH ST ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC TESCH, RICHARD W 100 SUNPORT LANE, STE. 2100 ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C LEE, ARTHUR 5409 SAGO PALM COURT ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSHING, BARBARA 517 ROUGHBEARD RD WINTER PARK, FL 32791
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KUCK, PAUL 2300 JETPORT DRIVE ORLANDO, FL 32809

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03/05/05-80035-005 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date Daytime Phone #