

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90062 011 ****70.00

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01262006 Chg-NP CR2E037 (11/05)

DOCUMENT # 719567 1. Entity Name FRONTLINE OUTREACH, INC.					
Principal Place of Business 3000 C.R. SMITH STREET ORLANDO, FL 32805 US			Mailing Address P.O. BOX 555445 ORLANDO, FL 32805-5445 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 23-7227148				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODLEY, ARTO 3000 CR SMITH STREET ORLANDO, FL 32805			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <small>Signature, name, and printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when renewing)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	D CAHILL, SCOTT 3000 C.R. SMITH STREET ORLANDO, FL 32805	<input type="checkbox"/> Delete	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	P WOODLEY, ARTO JR 3000 C.R. SMITH ST ORLANDO, FL 32805	<input type="checkbox"/> Delete	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	VC TESCH, RICHARD W 100 SUNPORT LANE, STE. 2100 ORLANDO, FL 32809	<input checked="" type="checkbox"/> Delete	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	C LEE, ARTHUR 5409 SAGO PALM COURT ORLANDO, FL 32819	<input type="checkbox"/> Delete	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	CHAIRMAN Ed PARKER 1135 TOWN PARK Avenue-S-1105 lake Mary, FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	D RUSHING, BARBARA 517 ROUGHBEARD RD WINTER PARK, FL 32791	<input checked="" type="checkbox"/> Delete	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	D KUCK, PAUL 2300 JETPORT DRIVE ORLANDO, FL 32809	<input checked="" type="checkbox"/> Delete	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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		
<small>Date</small>			<small>Daytime Phone #</small>		