

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730993** (3)  
1. Corporation Name  
**OUTREACH BROWARD, INC.**



Principal Place of Business <b>1038 NE 4 AVE FT. LAUDERDALE FL 33304 US</b>	Mailing Address <b>1038 NE 4 AVE FT. LAUDERDALE FL 33304 US</b>
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3. Date Incorporated or Qualified <b>10/30/1974</b>
4. FEI Number <b>23-7432181</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 1001 S. Andrews Avenue</b>	2a. Mailing Address <b>26 1001 S. Andrews Avenue</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Ft. Lauderdale, FL</b>	City & State <b>28 Ft. Lauderdale, FL</b>
Zip <b>24 33316</b>	Country <b>25 Broward</b>
Zip <b>29 33316</b>	Country <b>30 Broward</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>MYRICK, BARBARA 431 N.E. 9TH AVE. FORT LAUDERDALE FL 33301</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

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]* DATE **03/27/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BITNER, GARY</b>		1.2 NAME <b>JEFF THOMAS</b>	
STREET ADDRESS <b>1330 SE 4 AVE</b>		1.3 STREET ADDRESS <b>11960 SW 18TH COURT</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33316</b>		1.4 CITY-ST-ZIP <b>DAVIE, FL 33325</b>	
TITLE <b>VPT</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>VPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>THOMAS, JEFF</b>		2.2 NAME <b>CARYN GOLDENBERG CARVO</b>	
STREET ADDRESS <b>11960 SW 18 VT</b>		2.3 STREET ADDRESS <b>ONE FINANCIAL PLAZA, SUITE 2020</b>	
CITY-ST-ZIP <b>DAVIE FL 33325</b>		2.4 CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33394</b>	
TITLE <b>VPT</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>VPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TUFTS, JUDY</b>		3.2 NAME <b>PAULA REVENE</b>	
STREET ADDRESS <b>2565 NE 26 AVE</b>		3.3 STREET ADDRESS <b>1120 SE 6TH STREET</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33305</b>		3.4 CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33301</b>	
TITLE <b>ST</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JERNIGAN, SKEET</b>		4.2 NAME <b>JASON DIAMOND</b>	
STREET ADDRESS <b>P.O. BOX 2266 N/A</b>		4.3 STREET ADDRESS <b>1201 NE 191ST STREET, #410</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL 33303</b>		4.4 CITY-ST-ZIP <b>N. MIAMI, FL 33179</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RICHARDS, JEANNINE</b>		5.2 NAME <b>JOANN CALHOUN</b>	
STREET ADDRESS <b>820 SW 16 ST</b>		5.3 STREET ADDRESS <b>4435 NW 42ND STREET</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL 33315</b>		5.4 CITY-ST-ZIP <b>LAUDERDALE LAKES, FL 33319</b>	
TITLE <b>ED</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MYRICK, BARBARA</b>		6.2 NAME	
STREET ADDRESS <b>431 N.E. 9TH AVE.</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>		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.

CP2E037 (10/97)

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