1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 730993

1. Corporation Name

OUTREACH BROWARD, INC.

Princi	pal Place d	of Busin
100t.	S ANDREW	S AVE
FT L	NUD FL 333	16

Mailing Address

1001 S ANDREWS AVE FT LAUD FL 33316

FILED Apr 14, 1999 8:00 am § Secretary of State

04-14-1999 90158 037 ***140.00



2. Principal F	Place of Business	2a. Mailing Address	Mailing Address		3. Date Incorporated or Qualifed		
1038	NE 4th Avenue	26 1038 NE 4th	Aven	ue	10/30/1974		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		olied For	
22		27		<u></u>	23-7432181		t Applicable
City & State City & State Fort Lauderdale, FL City & State Fort Lauderdale		dale,	FL	5. Certificate of Status Desired	5. Certificate of Status Desired 🔀 \$8.75 Ad Fee Req		
Zip				6. Election Campaign Financing	\$5.00	May Be	
33304	4 33304 25 USA 29 33304 30 USA				Trust Fund Contribution	Added t	Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
			81	Name			
MYRICK, BARBARA 82 Street A			Address (P.O. Box Number is Not Acceptable)				
431 N.E. 9TH AVE.							
	UDERDALE FL 33301		8:	3			
			84	City		85 Zip (ode
44.5	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	and 617 1500 Florida Chabita	the char	(a named a	orporation submits this statement for the purpose	of changing its	registered
office or I	registered agent, or both, in the State of	f Florida. Such change was au	inorized b	/ the corpor	ration's board of directors. I hereby accept the ap	pointment as re	gistered
agent. I a	am familiar with, and accept the obligation	ons of, Section 617.0503, Flori	da Statute	S .			
SIGNATURE		and title Manuflachts (bloom)	Pagistand 6-	ant eignehire co	quired when reinstating) DATE		
12.	Signature, typed or printed name of registered agent		13.	ant signature re-	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D OFFICERS AND	DELETE	1.1 TITLE			Change	☐ Addition
NAME	THOMAS, J		1.2 NAME	- 1	(Same)		
	AADAD OW ADTIL OT			ET ADDRESS	(Same)		•
STREET ADDRESS	DAVIE FL 33325		1.4 CITY-	1			
CITY-ST-ZIP TITLE	VPT . "	DELETE 2.1		-		Change	Addition
	\ '' '		2.2 NAME		(Same)		-
NAME	ONITO, O G			ET ADDRESS			
STREET ADORESS	FT-LAUD FL-33394	<u> </u>		ST-ZIP====			
CITY-ST-ZIP	VPT	☐ DELETE	3.1 TITLE	-		Change	Addition
NAME	REVENE, P		3.2 NAME	1	(Same)		
STREET ADDRESS	ALON OF STILLOT			ET ADDRESS	•		
CITY-ST-ZIP	FT LAUD FL 33301		3.4. CITY-				
TITLE	ST	☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAM	i	(Same)		
STREET ADDRESS	400 NE 404 OF 440			ET ADDRESS			
CITY-ST-ZIP	N MIAMI FL 33179		4.4 CITY-	L L			
TITLE	T T	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	CALHOUN, J	_	5.2 NAME		(Same)	•	
STREET ADDRESS	A ADEL ADAMS OF		5.3 STRE	ET ADDRESS	•	•	•
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	•	5.4 CITY-	ST-ZIP	•		
TITLE	ED ENGLE PAREO 1 E 33313	☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME	MYRICK, BARBARA		6.2 NAME		(Same)		
	40.41.00 0001.41.00				•	•	
STREET ADDRESS	SLAGUNIE, SUM AVE		6.3 STRE	ET ADDRESS	•		

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 sectionate 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 repeiver 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 adactment with an address with all other like empowered.

SIGNATURE: