

FILE NOW: FILING FEE IS \$61.25

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Apr 14, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730993

1. Corporation Name
OUTREACH BROWARD, INC.

Principal Place of Business 1001 S. ANDREWS AVE FT LAUD FL 33316 US	Mailing Address 1001 S ANDREWS AVE FT LAUD FL 33316 US
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2. Principal Place of Business 21 1038 NE 4th Avenue Suite, Apt. #, etc.	2a. Mailing Address 26 1038 NE 4th Avenue Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/30/1974
23 City & State Fort Lauderdale, FL	27 City & State Fort Lauderdale, FL	4. FEI Number 23-7432181 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
24 Zip 33304 Country 25 USA	29 Zip 33304 Country 30 USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution

MYRICK, BARBARA 431 N.E. 9TH AVE. FORT LAUDERDALE FL 33301	81 Name	10. Name and Address of New Registered Agent	
	82 Street Address (P.O. Box Number is Not Acceptable)		
	83		
	84 City	FL	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 _____ DATE _____
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P THOMAS, J	1.2 NAME	(Same)
STREET ADDRESS	11960 SW 18TH CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33325	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPT CARVO, C G	2.2 NAME	(Same)
STREET ADDRESS	ONE FINANCIAL PLAZA, STE 2020	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT-LAUD-FL-33394	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPT REVENE, P	3.2 NAME	(Same)
STREET ADDRESS	1120 SE 6TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUD FL 33301	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. DIAMOND, J	4.2 NAME	(Same)
STREET ADDRESS	1201 NE 191 ST, 410	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL 33179	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T CALHOUN, J	5.2 NAME	(Same)
STREET ADDRESS	4435 NW 42ND ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED MYRICK, BARBARA	6.2 NAME	(Same)
STREET ADDRESS	431 N.E. 9TH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	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, with all other like empowered.

SIGNATURE: _____ DATE: 3/29/99 954 768 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/198)