2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90159 018 ****61.25

DOCUMENT # 743504

1. Entity Name

GULF COAST OUTREACH, INC.

Principal Place of Business	Mailing Address
2201 ENGLEWOOD RD (ENGLEWOOD. FL 34223) ENGLEWOOD FL 34223	4336 14TH ST CIRCLE WEST PALMETTO FL 34221

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4336 14TH ST CIRCLE WEST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALMETTO	City & State: FL
Zip: 34221 Country: U.S.A.	Zip: Country:

4. FEI Number: 59-1873264 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHROEDER, JOSEPH A. 4336 14TH ST CIRCLE WEST PALMETTO FL 34221	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHROEDER, JOSEPH A. 6021 MARIGOLD RD. VENICE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHROEDER, JOSEPH A. 4336 14TH ST. CIRCLE WEST PALMETTO, FL 34221 ADDRESS ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SCHROEDER, LORRAINE A 6021 MARIGOLD ROAD VENICE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SCHROEDER, LORRAINE A 4336 14TH ST. CIRCLE WEST PALMETTO FL 34221 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MANASSA, NICK 2107 22ND AVE W BRADENTON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: Joseph A Schroeder 4.9.02 941-737-3069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #