



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90045 028 ****61.25

DOCUMENT # 760325					
1. Entity Name SEAMAN'S OUTREACH SERVICES, INC.					
Principal Place of Business SAILORS SNUG HARBOR WHY 70 EAST P.O. BOX 150 SEA LEVEL, NC 28577 US			Mailing Address SAILORS SNUG HARBOR WHY 70 EAST P.O. BOX 150 SEA LEVEL, NC 28577 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2263586	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIANNONI, HENRIETTA 5424 MADISON ST HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name: <u>Marie P Taylor</u> Street Address (P.O. Box Number is Not Acceptable): <u>901 SW 128 Ave, Apt 113E</u> City: <u>Pembroke Pines</u> FL Zip Code: <u>33027</u>		
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.					
SIGNATURE: <u>Marie P Taylor</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <u>January 31, 04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		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		
TITLE PD	NAME TAYLOR, ROBERT E L	<input type="checkbox"/> Delete	TITLE Director (only) D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 272 HWY 70 P.O. BOX 150	CITY-ST-ZIP SEALEVEL, NC 28577		STREET ADDRESS	CITY-ST-ZIP	
TITLE SD	NAME TAYLOR, MARIE P	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 901 SW 128TH AVE APT 113E	CITY-ST-ZIP PEMBROKE PINES, FL 33027		STREET ADDRESS	CITY-ST-ZIP	
TITLE TD	NAME TAYLOR, NANCY C	<input type="checkbox"/> Delete	TITLE President/Treasurer / director P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 230 EAST POPLAR ST	CITY-ST-ZIP MOUNT AIRY, NC 27030		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE Secretary / Director S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS Cheresa Gray 1713 Winkberry Dr Midlothian, VA 23114	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE Director D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS Robert M Taylor 2603 Delwood Dr Atlanta, GA 30305	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
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: <u>Nancy C Taylor</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/26/04</u> Daytime Phone #: <u>336-783-0024</u>		