

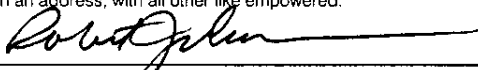


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90067 047 \*\*\*\*70.00

<b>DOCUMENT # F03000003498</b> 1. Entity Name <b>VETERANS' OUTREACH, INC.</b>					
Principal Place of Business <b>524 YOUNGSTOWN POLAND ROAD STRUTHERS, OH 44471</b>			Mailing Address <b>524 YOUNGSTOWN POLAND ROAD STRUTHERS, OH 44471</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>22-3272976</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DOLAN, JASON 1045 NEW YORK AVE. LAKELAND, FL 33803</b>				Name <b>ROBERT OLSHESKE</b> Street Address (P.O. Box Number is Not Acceptable) <b>7214 HARBOR VIEW DRIVE</b> City <b>LEESBURG</b> <b>FL</b> Zip Code <b>34788</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ELY, JOHN</b>		NAME		
STREET ADDRESS	<b>205 RED ROSE STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BUTLER, PA 16001</b>		CITY-ST-ZIP		
TITLE	VVT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JULIAN, ROBERT</b>		NAME		
STREET ADDRESS	<b>4501 PEOPLES ROAD AND ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PITTSBURGH, PA 15237</b>		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PASTELLA, ANTHONY</b>		NAME		
STREET ADDRESS	<b>1805 PINE HILL</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MCKEES ROCKS, PA 15136</b>		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CARLSON, KATHLEEN</b>		NAME		
STREET ADDRESS	<b>118 CHOWAN DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORTSMOUTH, VA 237012452</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> 			<b>3-19-04 3307555792</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		