2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2009
Secretary of State

DOCUMENT# F06000001109

Entity Name: OUTWARD BOUND INC.

Current Principal Place of Business:

100 MYSTERY POINT
GARRISON, NY 10524

New Principal Place of Business:

Current Mailing Address:

100 MYSTERY POINT
GARRISON, NY 10524

New Mailing Address:

FEI Number: 04-2375956 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOWARD, JON
%OUTWARD BOUND DISCOVERY
177 SALEM COURT
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	READ, JOHN	
Address:	100 MYSTERY POINT	
City-St-Zip:	GARRISON, NY 10524	
Title:	SA	( ) Delete
Name:	FONTANA, LAURIE	
Address:	100 MYSTERY POINT	
City-St-Zip:	GARRISON, NY 10524	
Title:	T	( ) Delete
Name:	DUNN, MICHAEL	
Address:	100 MYSTERY POINT	
City-St-Zip:	GARRISON, NY 10524	
Title:	D	( ) Delete
Name:	ABRAMOWITZ, MARK	
Address:	400 EAST 56TH STREET, APT #24L	
City-St-Zip:	NEW YORK, NY 10022	
Title:	D	( ) Delete
Name:	ALLAIRE, PAUL A	
Address:	1 NYLKED TERRACE	
City-St-Zip:	ROWAYTON, CT 06853	
Title:	D	( ) Delete
Name:	BARUCH, ANN R	
Address:	230 LAUREL LANE	
City-St-Zip:	HAVERFORD, PA 19041	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE DUNN CFO 07/30/2009

Electronic Signature of Signing Officer or Director — Date