2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M84656

1. Entity Name
COMMUNITY OUTREACH PROGRAM, INC.

Principal Place of Business	Mailing Address
C/O ALLAN C. HILL	C/O ALLAN C. HILL
2477 STICKNEY POINT RD., STE. 321 B	2477 STICKNEY POINT RD., STE. 321 B
SARASOTA, FL 34231	SARASOTA, FL 34231

DO NOT WRITE IN THIS SPACE

04262004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0054544	Not Applicable

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

6. Name and Address of Current Registered Agent

HILL, ALLAN C.
2477 STICKNEY POINT RD.
SUITE 311-B
SARASOTA, FL 34231

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IN THIS SPACE

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

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2004 Fee will be $550.00 | **9.** Election Campaign Financing
Trust Fund Contribution ☐ | **$5.00** May Be
Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	HILL, ALLAN C.
STREET ADDRESS	2477 STICKNEY PT. RD.
CITY-ST-ZIP	SARASOTA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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 607, 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: _Allan C. Hill_ _Pres._   _4-28-04_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #