

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED

Mar 29, 2001 8:00 am
Secretary of State

03-13-2001 90311 001 ****69.00

DOCUMENT # N00000000737

1. Entity Name

TEEN OUTREACH PROJECT, INC.

Principal Place of Business

Mailing Address

412 N. 12TH ST., STE. 1
HAINES CITY FL 33844

412 N. 12TH ST., STE. 1
HAINES CITY FL 33844

2. Principal Place of Business

703 AVE C

3. Mailing Address

1419 VALENCIA COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HAINES CITY FL

City & State

HAINES CITY, FL

Zip

33844

Country

USA

Zip

33844

Country

USA

4. FEI Number

59-3604901

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

Name

SELINA LEE

Street Address (P.O. Box Number is Not Acceptable)

1419 VALENCIA CT.

City

HAINES CITY

FL

Zip Code

33844

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

Selina Lee

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/24/00

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	SELINA LEE D
CITY-ST-ZIP	1419 VALENCIA CT HAINES CITY, FL 33844
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY
STREET ADDRESS	ANITA McDONALD D
CITY-ST-ZIP	2885 ORCHID DR HAINES CITY, FL 33844
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREASURER
STREET ADDRESS	JOSEPHINE HOWARD D
CITY-ST-ZIP	1909 S 10th ST HAINES CITY FL, 33844
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRES.
STREET ADDRESS	CHARLOTTE NEWTON
CITY-ST-ZIP	6300 KUWER RANCH RD HAINES CITY, FL 33844
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

Selina Lee REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01 863 421 5854

Day

Daytime Phone #

CR2E037 (10/00)