NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90177 033 ****61.25

DOCUMENT # N00000002753

1. Entity Name
MAKE A DIFFERENCE OUTREACH CENTER,INC.
2403 W. THARPE ST
TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2403 W. THARPE ST	2403 W. THARPE ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
TALLAHASSEE, FL	TALLAHASSEE, FL
Zip: 32303 Country: USA	Zip: 32303 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3654752 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: HALL, SANDI

Street Address (P.O. Box Number is Not Acceptable): 2014 SHERIDAN ROAD

City: TALLAHASSEE **FL** Zip Code: 32303

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

FEE IS $61.25 Initial or Amended UBR

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	D
NAME	HALL, SANDI
STREET ADDRESS	2014 SHERIDAN RD
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	HALL, REGINALD G
STREET ADDRESS	2014 SHERIDAN ROAD
CITY-ST-ZIP	TALL. FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D
NAME	HALL, LA-KICCA
STREET ADDRESS	2014 SHERIDAN RD
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
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DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sandi L Hall SANDI. HALL 4/23/2002 850-383-1622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #