

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002753

FILED
Jan 10, 2005
Secretary of State

Entity Name: MAKE A DIFFERENCE OUTREACH CENTER, INC.

Current Principal Place of Business:

2403 W. THARPE ST.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

2403 W. THARPE ST.
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-3654752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, SANDI L
2014 SHERIDAN ROAD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

HALL, SANDI L
790 SANDY DRIVE
TALLAHASSEE, FL 32312 US

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:

01/10/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HALL, SANDI
Address: 2014 SHERIDAN ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: HALL, REGINALD G
Address: 2014 SHERIDAN ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: HALL, LA-KICCA
Address: 2014 SHERIDAN ROAD
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HALL, SANDI
Address: 790 SANDY DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D (X) Change () Addition
Name: HALL, REGINALD G
Address: 790 SANDY DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D (X) Change () Addition
Name: HALL, LA-KICCA
Address: 790 SANDY DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SANDI

D

01/10/2005

Electronic Signature of Signing Officer or Director

Date