

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002472

Entity Name: RENEE'S OUTREACH, INC.

FILED  
Apr 30, 2004  
Secretary of State

## Current Principal Place of Business:

420 NE 2ND AVE  
HALLANDALE, FL 33009

## New Principal Place of Business:

## Current Mailing Address:

P.O BOX 2606  
HALLANDALE, FL 33008

## New Mailing Address:

FEI Number: 65-1098366

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOCKHART, RENEE  
420 N.E. 2ND AVENUE  
HALLANDALE, FL 33009 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: VP ( ) Delete  
Name: SMITH, CRAIG  
Address: 708 NW 3RD CT  
City-St-Zip: HALLANDALE, FL 33009

Title: TD ( ) Delete  
Name: ROBINSON, LIZZIE  
Address: 2443 FLETCHER  
City-St-Zip: HOLLYWOOD, FL 33020

Title: SD ( ) Delete  
Name: HARRIS, SANDRA  
Address: P.O BOX 222  
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete  
Name: LOCKHART, SYLVESTER  
Address: 9908 WESTWOOD DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: PD ( ) Delete  
Name: LOCKHART, RENEE  
Address: PO BOX 2606  
City-St-Zip: HALLANDALE, FL 33008

## 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:

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: RENEE LOCKHART

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date