

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002472

FILED
May 04, 2005
Secretary of State

Entity Name: RENEE'S OUTREACH, INC.

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

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

OFFI

05/04/2005

Electronic Signature of Signing Officer or Director

Date