

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jan 15, 2005
Secretary of State

DOCUMENT# N02000000823

Entity Name: PROJECT NOW INTERGENERATIONAL OUTREACH, INC.

Current Principal Place of Business:

3305 E ELLICOT
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

3305 E ELLICOT
TAMPA, FL 33610

New Mailing Address:

FEI Number: 47-0854496 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DEAN, DANIEL
3305 E ELLICOT
TAMPA, FL 33610 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: ED () Delete
Name: DEAN, DANIEL
Address: 3305 E ELLICOT
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: DEAN, SUZETTE
Address: 3305 E ELLICOT
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: ROUSE, WENDY
Address: PO BOX 47383
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: TRUEWELL, SHANDRA L
Address: 919 E. EMMA STREET
City-St-Zip: TAMPA, FL 33603

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: TOWNES, CLARENCE D DIRECTO
Address: 2406 N. 33RD
City-St-Zip: TAMPA, FL 33605

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: SUZETTE DEAN

D

01/15/2005

Electronic Signature of Signing Officer or Director

_____ Date