

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000823

FILED
Jan 05, 2007
Secretary of State

Entity Name: PROJECT NOW INTERGENERATIONAL OUTREACH, INC.

Current Principal Place of Business:

4902 N 22ND STREET
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

4902 N 22ND STREET
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
4902 N 22ND STREET
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: 4902 N 22ND STREET
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: DEAN, SUZETTE
Address: 4902 N 22ND STREET
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

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: D (X) Change () Addition
Name: JENKINS, SHARLA B
Address: 3201 E FRIERSON
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

01/05/2007

Electronic Signature of Signing Officer or Director

Date