


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90138 033 ****61.25

DOCUMENT # N0200000823					
1. Entity Name PROJECT NOW INTERGENERATIONAL OUTREACH, INC.					
Principal Place of Business 4902 N 22ND STREET TAMPA, FL 33610		Mailing Address 4902 N 22ND STREET TAMPA, FL 33610			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 47-0854496	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEAN, DANIEL 4902 N 22ND STREET TAMPA, FL 33610			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ED	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEAN, DANIEL		NAME	Anderson, Ronald	
STREET ADDRESS	4902 N 22ND STREET		STREET ADDRESS	9217 Knights Branch St.	
CITY-ST-ZIP	TAMPA, FL 33610		CITY-ST-ZIP	Tampa, FL 33637	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEAN, SUZETTE		NAME	Cole, Anthony J. Sr.	
STREET ADDRESS	4902 N 22ND STREET		STREET ADDRESS	7509 Terrace River Dr.	
CITY-ST-ZIP	TAMPA, FL 33610		CITY-ST-ZIP	Temple Terrace, FL 33637	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROUSE, WENDY		NAME	Bafford, Frank M. Sr.	
STREET ADDRESS	PO BOX 47383		STREET ADDRESS	9622 Theresa Dr.	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	Thonotassassa, FL 33592	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, SHARLA B		NAME		
STREET ADDRESS	3201 E FRIERSON		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33610		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Sharla B. Jenkins</u>		SIGNATURE: <u>Sharla B. Jenkins</u>		Date: <u>4/28/08</u> Daytime Phone #: <u>813-231-9177</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	