

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 09, 2009  
Secretary of State**

DOCUMENT# N02000000823

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: JENKINS, SHARLA B  
Address: 3201 E FRIERSON  
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete  
Name: ANDERSON, RONALD  
Address: 9217 KNIGHTS BRANCH RD  
City-St-Zip: TAMPA, FL 33637

Title: D ( ) Delete  
Name: COLE, ANTHONY J SR.  
Address: 7509 TERRACE RIVER DR  
City-St-Zip: TEMPLE TERRACE, FL 33637

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

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 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: SHARLA JENKINS

VP

04/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date