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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000001582

1. Entity Name
WAYSIDE FAMILY OUTREACH CENTER, INC.

Principal Place of Business	Mailing Address
2836 SW 3RD STREET FORT LAUDERDALE, FL 33312	2836 SW 3RD STREET FORT LAUDERDALE, FL 33312

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 04-3615138 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KENNEDY, HELEN M 2836 SW 3RD STREET FORT LAUDERDALE, FL 33312	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: Helen M Kennedy 3/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/DIRECTOR HELEN M. KENNEDY 2836 SW 3rd STREET FT. LAUDERDALE, FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR BRENDA HALL 10130 Reflections Blvd W. #102 SUNRISE, FL 33351
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.PRESIDENT/DIRECTOR RANDY SCOTT 2848 SW 4Hh Street FORT LAUDERDALE, FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR STEPHANIE YOUNG 1412 AVON LANE #116 NORTH LAUDERDALE, FL 33068
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/DIRECTOR ARNISE T. HARRIS 730 SW 13th AVE., #5 FT. LAUDERDALE, FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER/DIRECTOR CAPRICE S. SCOTT 2848 SW 4Hh STREET FT. LAUDERDALE, FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ROSE HAY 1681 SW 30TH AVE. FT. LAUDERDALE, FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900015032689 04/01/03--01057--009 **113.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR LARVETTA WRIGHT 1124 NW 8TH AVE. FT. LAUDERDALE, FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Helen M. Kennedy 3/25/03 954-765-6800 954-850-6073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Helen M. Kennedy

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