## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000002471

FILED Feb 14, 2006 Secretary of State

Entity Name: TRANSITIONAL OUTREACH PROGRAM, INC.

**Current Principal Place of Business:** New Principal Place of Business: 1555 MLK BLVD. 1555 MLK BLVD. RIVIERA BEACH, FL 33404 F-107 RIVIERA BEACH, FL 33404 **Current Mailing Address: New Mailing Address:** 1555 MLK BLVD RIVIERA BEACH, FL 33404 FEI Number: 71-0875882 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAILES, VANESTHER HAILES, VANESTHER 1555 MLK BLVD. 1555 MLK BLVD. RIVIERA BEACH, FL 33404 US F-107 RIVIERA BEACH, FL 33404 US 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: 02/14/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition HAILES, VANESTHER Name: Name: 1555 MLK BLVD. Address: Address: City-St-Zip: RIVIERA BEACH, FL 33404 City-St-Zip: Title: () Delete Title: () Change () Addition SEARS, FREDERICK Name: Name: Address: 2627 NW 4TH AVE Address: City-St-Zip: OCALA, FL 34475 City-St-Zip: Title: () Delete Title: () Change () Addition BUSH, KIMBERLY Name: Name: 6462 BAY ISLAND COURT Address: Address: City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: ( ) Delete Title: Title: () Change () Addition WOODSIDE, MACQUAY Name: Name: 1204 PINE SAGE CIRCLE Address: Address: City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip: Title: () Delete Title: DIR (X) Change ( ) Addition BROWN, NORMA MOLNAR, YOUVELA Name: Name: 2201 22ND STREET 402 WEST BOYNTON BEACH BLVD Address: Address: WEST PALM BEACH, FL 33401 BOYNTON BEACH, FL 33435 City-St-Zip: City-St-Zip:

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: REV. VANESTHER HAILES PD 02/14/2006