

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

DOCUMENT # N02000002471

1. Entity Name

TRANSITIONAL OUTREACH PROGRAM, INC



FILED

03 DEC -3 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1555 MLK BLVD.

3. Mailing Address
1555 MLK BLVD

Suite, Apt. #, etc.
F-107

Suite, Apt. #, etc.
F-107

City & State
RIVIERA BEACH, FL 33404

City & State
RIVIERA BEACH, FL

Zip
33404

Country
PALM BEACH

Zip
33404

Country
PALM BEACH

000025171830
12/03/03--01007--004 **70.00

REINSTATEMENT 2003

4. FEI Number
71-0875882

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
VANESTHER HAILES

Street Address (P.O. Box Number is Not Acceptable)

1555 MLK BLVD. F-107

City
RIVIERA BEACH

FL

Zip Code
33404

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

VanEsther Hailes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/03

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VANESTHER HAILES - P/D
1555 MLK BLVD. F-107
RIVIERA BEACH, FL 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ARTHUR N. JOHNSON - V
8497 BONITA ISLE
LANTANA FL 33464

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
KIMBERLY BUSH - T
6462 BAY ISLAND COURT
WEST PALM BEACH, FL 33415

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DONIELLE WORKMAN - S
2001 AVENUE "C"
RIVIERA BEACH, FL 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MACQUA Y. WOODSIDE - C
1204 PINE SAGE CIRCLE
WEST PALM BEACH, FL 33409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

VanEsther Hailes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 (561) 881-1614

DATE

DAYTIME PHONE #

CR2E037B (12/02)