

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90026 039 ****61.25

DOCUMENT # N02000005164

1. Entity Name

HUGS OUTREACH MINISTRIES, INC.



Principal Place of Business

1307 TUTTLE AVE.
SARASOTA FL 34237

Mailing Address

1307 TUTTLE AVE.
SARASOTA FL 34237

2. Principal Place of Business

3. Mailing Address

P.O. Box 50985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota Fl.

Zip

Country

Zip

Country

34232

Sarasota

6. Name and Address of Current Registered Agent

MILTON, PHYLLIS
1307 TUTTLE AVE.
SARASOTA FL 34237

7. Name and Address of New Registered Agent

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 *Phyllis Milton-VD*
Signature, typed or printed name of registered agent and title if applicable

Phyllis Milton
(NOTE: Registered Agent signature required when reinstating)

2/13/04
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 PD ☐ Delete
NAME MILTON, TONY
STREET ADDRESS 1307 TUTTLE AVE.
CITY-ST-ZIP SARASOTA FL 34237

TITLE VD ☐ Delete
NAME MILTON, PHYLLIS
STREET ADDRESS 1307 TUTTLE AVE.
CITY-ST-ZIP SARASOTA FL 34237

TITLE STD ☒ Delete
NAME ROBINSON, RACHELLE
STREET ADDRESS 1307 TUTTLE AVE.
CITY-ST-ZIP SARASOTA FL 34237

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD ☒ Change ☐ Addition
NAME Doris L. Yancey
STREET ADDRESS P.O. Box 50985
CITY-ST-ZIP Sarasota Fl. 34232

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Tony Milton*
Signature and typed or printed name of signing officer or director

2/13/04 *941-954-1294*
Date Daytime Phone #