

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

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90170 003 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     |                                                                                     |                                                                                                                                                                                                                                       |                                                        |                                                                                                            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N03000005149</b><br>1. Entity Name<br><b>GET INVOLVED COMMUNITY OUTREACH INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     |                                                                                     |                                                                                                                                                                                                                                       |                                                        |                                                                                                            |  |
| Principal Place of Business<br><b>613 HILLSIDE DR<br/>LAKELAND FL 33803</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                     |                                                                                     | Mailing Address<br><b>613 HILLSIDE DR<br/>LAKELAND FL 33803</b>                                                                                                                                                                       |                                                        |                                                                                                            |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     | 3. Mailing Address                                                                  |                                                                                                                                                                                                                                       |                                                        |                                                                                                            |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     | Suite, Apt. #, etc.                                                                 |                                                                                                                                                                                                                                       |                                                        |                                                                                                            |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     | City & State                                                                        |                                                                                                                                                                                                                                       |                                                        |                                                                                                            |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     | Country                                                                             |                                                                                                                                                                                                                                       | Zip                                                    |                                                                                                            |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     | Country                                                                             |                                                                                                                                                                                                                                       | Country                                                |                                                                                                            |  |
| 4. FEI Number<br><b>51-0438865</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                                     |                                                                                                                                                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable |                                                                                                            |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |                                                                                     |                                                                                                                                                                                                                                       | <b>\$8.75 Additional Fee Required</b>                  |                                                                                                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>COPELAND, JIMMY<br/>613 HILLSIDE DR<br/>LAKELAND FL 33803</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                        |                                                                                                            |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     |                                                                                     |                                                                                                                                                                                                                                       |                                                        |                                                                                                            |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                                       | <b>\$5.00 May Be Added to Fees</b>                     |                                                                                                            |  |
| <b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |                                                                                     |                                                                                                                                                                                                                                       |                                                        |                                                                                                            |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                     |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                          |                                                        |                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>DANIELS, LARRY</b><br><b>613 HILLSIDE DR</b><br><b>LAKELAND FL 33803</b>                         |                                                                                     | <input checked="" type="checkbox"/> Delete                                                                                                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <b>Executive Director</b><br><b>Jimmy Copeland</b><br><b>613 Hillside Dr</b><br><b>Lakeland, Fla 33803</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>D</b><br><b>ROHADS, HOLLIS</b><br><b>613 HILLSIDE DR</b><br><b>LAKELAND FL 33803</b>             |                                                                                     | <input checked="" type="checkbox"/> Delete                                                                                                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <b>Resident</b><br><b>Daisy Copeland</b><br><b>613 Hill Side Dr</b><br><b>Lakeland, Fla. 33803</b>         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>S</b><br><b>DANIELS, STEPHANIE</b><br><b>613 HILLSIDE DR</b><br><b>LAKELAND FL 33803</b>         |                                                                                     | <input checked="" type="checkbox"/> Delete<br>(Still with us)                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Director</b><br><b>Peggie Peterson</b><br><b>613 Hillside Dr</b><br><b>Lakeland Fla 33803</b>    |                                                                                     | <input type="checkbox"/> Delete                                                                                                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Member</b><br><b>Cynthia Tabet</b><br><b>613 Hill Side Dr</b><br><b>Lakeland, Fla. 33803</b>     |                                                                                     | <input type="checkbox"/> Delete                                                                                                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Treasurer</b><br><b>DUAN BRANSHAW</b><br><b>613 Hill Side Dr.</b><br><b>Lakeland, Fla. 33803</b> |                                                                                     | <input type="checkbox"/> Delete                                                                                                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                          |  |
| 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: <u>Jimmy D. Copeland</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |                                                                                     |                                                                                                                                                                                                                                       |                                                        |                                                                                                            |  |
| <div style="display: flex; justify-content: space-between;"> <span><b>4/27/04</b></span> <span><b>(813) 647-5571</b></span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                                     |                                                                                                                                                                                                                                       |                                                        |                                                                                                            |  |

Attached 66425673  
#N03000005749

**TITLE OF OFFICER/DIRECTOR**

**PRESIDENT**  
**MRS. DAISY COPELAND**

**EXECUTIVE DIRECTOR/REGISTERED AGENT**  
**MR. JIMMY COPELAND**

**SECRETARY**  
**MRS. STEPHANIE DANIELS**

**DIRECTOR**  
**MRS. PEGGIE PETERSON**

**TREASURER**  
**MRS. DUANN BRANSHAW**

**MEMBER**  
**MRS. CYNTHIA BABLET**

**(Address for all of the above is):**

**613 HILLSIDE DR.**  
**LAKELAND, FLA. 33803**