

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

FILED
Mar 26, 2004 8:00 am
Secretary of State

02-27-2004 90032 026 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # N03000006672					
1. Entity Name OUTSIDE ACTIVITIES COMMITTEE, INC.					
Principal Place of Business 14585 LUCY DR DELRAY BEACH FL 33484			Mailing Address 14585 LUCY DR DELRAY BEACH FL 33484		
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	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COHEN, ROSLYN 14585 LUCY DR DELRAY BEACH FL 33484				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: <u><i>Roslyn Cohen</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE	D <input checked="" type="checkbox"/> Delete				
NAME	COHEN, FRANCES				
STREET ADDRESS	14400 CAMPANELLI DR				
CITY - ST - ZIP	DELRAY BEACH FL 33484				
TITLE	D <input type="checkbox"/> Delete				
NAME	COHEN, ROSLYN				
STREET ADDRESS	14585 LUCY DR				
CITY - ST - ZIP	DELRAY BEACH FL 33484				
TITLE	D <input type="checkbox"/> Delete				
NAME	ACKERMAN, HILDA				
STREET ADDRESS	14456 CAMPANELLI DR				
CITY - ST - ZIP	DELRAY BEACH FL 33484				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	GOSS, FRANCES				
STREET ADDRESS	14400 Campanelli DR				
CITY - ST - ZIP	DeLray Beach, FL 33484				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Roslyn Cohen</i></u> <i>Roslyn Cohen</i> 2-4-04 561-498-4663					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					