

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007295

Entity Name: PAON OUTREACH CENTER, INC.

FILED
Jul 09, 2004
Secretary of State

Current Principal Place of Business:

P.O. BOX 681643
ORLANDO, FL 32868

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 681643
ORLANDO, FL 32868

New Mailing Address:

FEI Number: 20-0201289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORPE, LYSANDER
6327 PINE GLEN LANE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOURSQUOT, F.J.F.
Address: 6309 JENNINGS ROAD
City-St-Zip: ORLANDO, FL 32818

Title: SD () Delete
Name: BOURSQUOT, GISELE
Address: 6309 JENNINGS ROAD
City-St-Zip: ORLANDO, FL 32818

Title: TD () Delete
Name: MOROSE, JEAN
Address: 5714 RIORDAN WAY
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRANCOIS BOURSQUOT

DIR

07/09/2004

Electronic Signature of Signing Officer or Director

Date