

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009493

Entity Name: FRENCHTOWN OUTREACH CENTER, INC.

FILED  
Aug 13, 2004  
Secretary of State

**Current Principal Place of Business:**

319 N MACOMB ST  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

527 W. BREVARD STREET  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

319 N MACOMB ST  
TALLAHASSEE, FL 32301

**New Mailing Address:**

527 W. BREVARD STREET  
TALLAHASSEE, FL 32301

FEI Number: 20-0448241

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROWN, RITA  
5578 PEDRICK PLANTATION CIR  
TALLAHASSEE, FL 32317 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: DP ( ) Delete  
Name: BROWN, JAMES G  
Address: 5578 PEDRICK PLANTATION CIR  
City-St-Zip: TALLAHASSEE, FL 32317

Title: DT ( ) Delete  
Name: BROWN, RITA  
Address: 5578 PEDRICK PLANTATION CIR  
City-St-Zip: TALLAHASSEE, FL 32317

Title: V ( ) Delete  
Name: HAMILTON, JOHN  
Address: 3448 GENTLE WIND WAY  
City-St-Zip: TALLAHASSEE, FL 32317

Title: DS ( ) Delete  
Name: HAILE, BARBARA  
Address: 1517 WOODGATE WAY  
City-St-Zip: TALLAHASSEE, FL 32308

**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:

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: RITA L. BROWN

DT

08/13/2004

Electronic Signature of Signing Officer or Director

Date