2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 27, 2005 8:00 am
Secretary of State
03-30-2005 90034 041 ****61.25

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DOCUMENT # N03000009493

1. Entity Name
FRENCHTOWN OUTREACH CENTER, INC.

Principal Place of Business	Mailing Address
527 W. BREVARD STREET TALLAHASSEE, FL 32301	527 W. BREVARD STREET TALLAHASSEE, FL 32301

03172005 Chg-NP CR2E037 (10/03)

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
20-0448241
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, RITA 5578 PEDRICK PLANTATION CIR TALLAHASSEE, FL 32317	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Board member BROWN, JAMES G 5578 PEDRICK PLANTATION CIR TALLAHASSEE, FL 32317	☐ Delete	TITLE Board member NAME Katrina Boone Treasurer STREET ADDRESS Florida State Univ. CITY-ST-ZIP 2500 University Square Pkwy-C Tallahassee, FL 32306-2570	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Board member BROWN, RITA 5578 PEDRICK PLANTATION CIR TALLAHASSEE, FL 32317	☐ Delete	TITLE Board Member NAME Eric Camil STREET ADDRESS 2955 Glenn Eves Drive CITY-ST-ZIP Tallahassee, FL. 32312	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Chair HAMILTON, JOHN 3448 GENTLE WIND WAY TALLAHASSEE, FL 32317	☐ Delete	TITLE Board Member NAME Crystal Holmes STREET ADDRESS 1417 Nancy Drive CITY-ST-ZIP Tallahassee, FL. 32301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HAILE, BARBARA 1517 WOODGATE WAY TALLAHASSEE, FL 32308	☐ Delete	TITLE Board Member NAME Angela Massey STREET ADDRESS 2665 Paper Way CITY-ST-ZIP Tallahassee, FL. 32309	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME Meredith Roop Vice Chair STREET ADDRESS 1500 East Park Ave. CITY-ST-ZIP Tallahassee, FL 32301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Rita P Brown 3/28/05 850-222-4184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #