

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90073 037 ****61.25

DOCUMENT # N03000009493

1. Entity Name

FRENCHTOWN OUTREACH CENTER, INC.



Principal Place of Business

527 W. BREVARD STREET
TALLAHASSEE FL 32301

Mailing Address

527 W. BREVARD STREET
TALLAHASSEE FL 32301



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

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

BROWN, RITA
5578 PEDRICK PLANTATION CIR
TALLAHASSEE FL 32317

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BROWN, JAMES G	
STREET ADDRESS	5578 PEDRICK PLANTATION CIR	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BROWN, RITA	
STREET ADDRESS	5578 PEDRICK PLANTATION CIR	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	COB	<input type="checkbox"/> Delete
NAME	HAMILTON, JOHN	
STREET ADDRESS	3448 GENTLE WIND WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HAILE, BARBARA	
STREET ADDRESS	1517 WOODGATE WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOONE, KATRINA	
STREET ADDRESS	2500 UNIVERSITY CENTER PKWY, BLDG C	
CITY-ST-ZIP	TALLAHASSEE FL 32306	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMIL, ERIC	
STREET ADDRESS	2955 GLEN IVES DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Crystal Holmes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer	
STREET ADDRESS	1417 Nancy Dr.	
CITY-ST-ZIP	Tall, Fl. 32301	
TITLE	Chair	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice Chair	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Angela J. Massey	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2665 Topaz Way	
STREET ADDRESS	TALL, FL. 32309	
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Meredith T. Roop	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1500 East Park Ave.	
STREET ADDRESS	TALL, FL. 32317	
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Cassie Hammock (Ed)* **CASSIE HAMMOCK** 2/14/06 222-5151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #