2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # N03000009493 08 JUL 11 PM 1:17 FRENCHTOWN OUTREACH CENTER, INC. SECHLIAN OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 527 W. BREVARD STREET 527 W. BREVARD STREET TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07112008 Chg-NP CR2E037 (12/06) 4. FEI Number 20-0448241 City & State City & State Applied For Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWN, RITA Street Address (P.O. Box Number is Not Acceptable) 5578 PEDRICK PLANTATION CIR TALLAHASSEE, FL 32317 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 DATE Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Florida Department of State Due by September 12, 2008 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ☐ Change TITLE ☐ Delete TITLE 400132997774 07/16/08--01005--001 **61 YADETE, ETEFWORK NAME NAME STREET ADDRESS 2210 MULBERRY BLVD STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TALLAHASSEE, FL 32306 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME PHOENIX, CHERYL' NAME 4154 BREWSTER RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE, FL 32308 Change ☐ Addition TITLE D TITLE HAMILTON, JOHN NAME NAME STREET ADDRESS 3448 GENTLE WIND WAY STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32317 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE D elete MASSEY-HILL, ANGELAJ NAME NAME STREET ADDRESS 2665 TOPAZ WAY STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE FDWARDS, KALENA NAME NAME STREET ADDRESS STREET ADDRESS 1343 AIRPORT DR UNIT H-11 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32304 ☐ Change Addition TITLE ☐ Delete TITLE **GRANT. GENA** NAME 1031 CROSSING BROOK WAY APT 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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: Daytime Phone