

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005227

FILED  
Feb 26, 2008  
Secretary of State

**Entity Name:** THE OUTREACH CENTER OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

250 VAN FLEET DR  
BARTOW, FL 33830 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 92980  
LAKELAND, FL 33804 US

**New Mailing Address:**

**FEI Number:** 20-1057559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEINER, DON  
250 VAN FLEET DR  
BATROW, FL 33830 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: PSD ( ) Delete  
Name: STEINER, DONALD  
Address: 520 SHALISA BLVD  
City-St-Zip: AUBURNDALE, FL 33823 US

Title: VTD ( ) Delete  
Name: STEINER, MARIALENA  
Address: 520 SHALISA BLVD  
City-St-Zip: AUBURNDALE, FL 33823 F

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 exemption stated 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 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: DON STEINER

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02/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date