


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90045 044 *****70.00

DOCUMENT # N05000005547 1. Entity Name DOOLING OUTREACH MULTIPURPOSE EDUCATIONAL STRATEGIES, INC.					
Principal Place of Business 6001 NORTH OCEAN DRIVE UNIT 302 HOLLYWOOD, FL 33019			Mailing Address 6001 NORTH OCEAN DRIVE UNIT 302 HOLLYWOOD, FL 33019		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
6. Name and Address of Current Registered Agent DOOLING, BRENDA B 2016 NORTHWEST THIRD COURT FT. LAUDERDALE, FL 33311			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOOLING, LEROY III		NAME	Dooling, Leroy III	
STREET ADDRESS	2501 S SEMORAN BLVD. #1421		STREET ADDRESS	1105 Underwood Drive	
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP	Macon, GA 31210	
TITLE	DST	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGETT, TAMEKA D		NAME	Magett, Tameka D	
STREET ADDRESS	2108 DEL LAGO CIRCLE NW		STREET ADDRESS	2108 Del Lago Circle NW	
CITY-ST-ZIP	KENNESAW, GA 30152		CITY-ST-ZIP	Kennesaw, GA 30152	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLLING, KEYON L		NAME		
STREET ADDRESS	100 S EOLA AVE #610		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOOLING, LEROY JR		NAME		
STREET ADDRESS	2016 NW THIRD CT		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOOLING, BRENDA B		NAME		
STREET ADDRESS	2016 NW THIRD CT		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOOLING, ERIC C		NAME		
STREET ADDRESS	2016 NW THIRD CT		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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: <u>Brenda B. Dooling</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/2/07 (954) 922-7028 <small>Date Daytime Phone #</small>		

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02222007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-3430579
Applied For
Not Applicable

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