FILE NOW: FILING FEE IS $61.25

FILED
Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28924** **(1)**

1. Corporation Name
BRANDON OUTREACH CLINIC, INC.

Principal Place of Business	Mailing Address
C/O CLIFTON CURRY JR 750 W LUMSEN RD BRANDON FL 33511 US	750 LUMSDEN RD BRANDON FL 33511 US

3. Date Incorporated or Qualified: 10/19/1988

4. FEI Number: 59-2917499 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CURRY, CLIFTON C. JR.
750 W. LUMSDEN ROAD
BRANDON FL 33511

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	CRAFT, JULIAN		1.2 NAME	BOWMAN, R. Ph., LARRY	
STREET ADDRESS	922 WEST BRANDON BLVD		1.3 STREET ADDRESS	1002 Hollyberry Court	
CITY-ST-ZIP	BRANDON FL		1.4 CITY-ST-ZIP	Valrico, FL 33594	
TITLE	SD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	FRIEDERICH, LAMBERT P		2.2 NAME	BROECKER, RAEAN	
STREET ADDRESS	1005 RAVONWOOD DR.		2.3 STREET ADDRESS	410 Summint Chase Dr.	
CITY-ST-ZIP	VALRICO FL		2.4 CITY-ST-ZIP	Valrico, FL 33594	
TITLE	VD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	HAGUE, SUSAN B ARNP		3.2 NAME	DUPRE, IRVING	
STREET ADDRESS	11904 SHADOW RUN BLVD		3.3 STREET ADDRESS	2706 Herndon St.	
CITY-ST-ZIP	RIVERVIEW FL		3.4 CITY-ST-ZIP	Valrico, FL 33594	
TITLE	TD	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	JOHNS, EDWARD		4.2 NAME	JOHNS, EDWARD	
STREET ADDRESS	1009 TRANQUIVIEW LN		4.3 STREET ADDRESS	1009 Tranquiview LN	
CITY-ST-ZIP	VALRICO FL		4.4 CITY-ST-ZIP	Valrico, FL 33594	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	GRIFFIN, EILEEN	
STREET ADDRESS			5.3 STREET ADDRESS	915 Oakfield Dr.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Brandon, FL 33511	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	HAMPTON, HILDA	
STREET ADDRESS			6.3 STREET ADDRESS	117 Gornto Lake Road	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Brandon, FL 33510	

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Hand Signature Required 2/17/98 813 681 3480

FILE NOW: FILING FEE IS $61.25 **CONTINUATION**

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Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
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6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

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CURRY, CLIFTON C. JR.
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BRANDON FL 33511

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12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	T/D	☐ Change ☒ Addition
NAME	CRAFT, JULIAN		1.2 NAME	SULLIVAN, JOHN E.	
STREET ADDRESS	922 WEST BRANDON BLVD		1.3 STREET ADDRESS	P.O. Box 2638 "N/A"	
CITY-ST-ZIP	BRANDON FL		1.4 CITY-ST-ZIP	Brandon, FL 33509	
TITLE	SD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	FRIEDERICH, LAMBERT P		2.2 NAME	WEAVERM KAY	
STREET ADDRESS	1005 RAVONWOOD DR.		2.3 STREET ADDRESS	518 Centerbrook Drive	
CITY-ST-ZIP	VALRICO FL		2.4 CITY-ST-ZIP	Brandon, FL 33511	
TITLE	VD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	HAGUE, SUSAN B ARNP		3.2 NAME	WOLFE, WILLIAM	
STREET ADDRESS	11904 SHADOW RUN BLVD		3.3 STREET ADDRESS	408 Dali Drive	
CITY-ST-ZIP	RIVERVIEW FL		3.4 CITY-ST-ZIP	Brandon, FL 33511	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOHNS, EDWARD		4.2 NAME		
STREET ADDRESS	1009 TRANQUIVIEW LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
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STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	CRAFT, JULIAN		1.2 NAME	HOLLAND, JOHN	
STREET ADDRESS	922 WEST BRANDON BLVD		1.3 STREET ADDRESS	1012 Classic Drive	
CITY-ST-ZIP	BRANDON FL		1.4 CITY-ST-ZIP	Valrico, FL 33594	
TITLE	SD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	FRIEDERICH, LAMBERT P		2.2 NAME	JEANSONNE, M.D., PATRICIA	
STREET ADDRESS	1005 RAVONWOOD DR.		2.3 STREET ADDRESS	602 Vonderburg Dr.	
CITY-ST-ZIP	VALRICO FL		2.4 CITY-ST-ZIP	Brandon, FL 33511	
TITLE	VD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	HAGUE, SUSAN B ARNP		3.2 NAME	KAPATKIN, MAUREEN	
STREET ADDRESS	11904 SHADOW RUN BLVD		3.3 STREET ADDRESS	4601 Clarksdale Lane	
CITY-ST-ZIP	RIVERVIEW FL		3.4 CITY-ST-ZIP	Brandon, FL 33511	
TITLE	D	☐ DELETE	4.1 TITLE	C/T	☐ Change ☒ Addition
NAME	JOHNS, EDWARD		4.2 NAME	PARKS, M.D., STEPHEN	
STREET ADDRESS	1009 TRANQUIVIEW LN		4.3 STREET ADDRESS	205 Buckingham Place, Ste. B	
CITY-ST-ZIP	VALRICO FL		4.4 CITY-ST-ZIP	Brandon, FL 33511	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	SANCHEZ, EVELYN	
STREET ADDRESS			5.3 STREET ADDRESS	401 N. Bryan Circle	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Brandon, FL 33511	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	SCHOONMAKER, ANNE	
STREET ADDRESS			6.3 STREET ADDRESS	119 Oakfield Drive	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Brandon, FL 33511	

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