

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90029 011 \*\*\*\*61.25

**DOCUMENT # N28924**

1. Entity Name

BRANDON OUTREACH CLINIC, INC.



Principal Place of Business

517 NORTH PARSONS AVE  
BRANDON, FL 33511 US

Mailing Address

PO BOX 2724  
BRANDON, FL 33509-2724 US

**DO NOT WRITE IN THIS SPACE**



03192008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2917499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 **X**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	WEAVER, KAY
STREET ADDRESS	518 CENTERBROOK DR.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	TD
NAME	DUPRE, IRVING M
STREET ADDRESS	1206 GOLF MEADOW BLVD.
CITY-ST-ZIP	VALRICO, FL <del>33594</del> 33596
TITLE	VD
NAME	PARKS, STEPHEN D MD
STREET ADDRESS	272 APOLLO BEACH BLVD 4603 DOGWOOD HILLS
CITY-ST-ZIP	APOLLO BEACH, FL 33672 BRANDON, FL 33511
TITLE	D
NAME	CRAFT, JULIAN
STREET ADDRESS	922 WEST BRANDON BLVD
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	PD
NAME	SAUNDERS, STEVE
STREET ADDRESS	305 SUZETTE DR
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	D
NAME	JEANSONNE, PATRICIA MD
STREET ADDRESS	10200 ELBOW BOND RD BEND
CITY-ST-ZIP	RIVERVIEW, FL 33569

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Irving M. Dupre* IRVING M. DUPRE 3/19/08 (813) 654-1388