FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:36

DOCUMENT # N32003 (8)

1. Corporation Name
INNER CITY OUTREACH, INC.

Principal Place of Business	Mailing Address
1602 E. 29TH AVE. TAMPA FL 33605 US	P.O. BOX 76251 TAMPA FL 33675 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1989
3a. Date of Last Report: 01/20/1994
4. FEI Number: NOT APPLICABLE ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

HINES, JAMES P.
315 HYDE PARK AVENUE
TAMPA FL 33606

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 607.0502 and 607.1508, 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 607.0505, 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	SD	1.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, BARBARA	1.2 NAME		
STREET ADDRESS	4311 MAIN STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	LATSON, DONALD C	2.2 NAME	LATSON, DONALD C.	
STREET ADDRESS	10408 N 26TH ST	2.3 STREET ADDRESS	2918 RAMADA DR #149	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, WILLIAM T, JR	3.2 NAME		
STREET ADDRESS	4203 SEMINOLE AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP		
TITLE	MD	4.1 TITLE	MD	☒ Change ☐ Addition
NAME	DIXON, JOHN H	4.2 NAME	DIXON, JOHN H., JR	
STREET ADDRESS	2704 LITHIA RD.	4.3 STREET ADDRESS	960 APOLLO BCH. BLVD #102	
CITY-ST-ZIP	VALRICO FL 33594	4.4 CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	DIXON, DONNA	5.2 NAME	DIXON, DONNA	
STREET ADDRESS	2704 LITHIA RD.	5.3 STREET ADDRESS	960 APOLLO BCH. BLVD #102	
CITY-ST-ZIP	VALRICO FL 33594	5.4 CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	BASSETT, CLIFFORD	6.2 NAME	SHIPP, SYLVIA	
STREET ADDRESS	1850 PROVIDENCE LAKES #306	6.3 STREET ADDRESS	4424 ATWATER DR.	
CITY-ST-ZIP	BRANDON FL 33511	6.4 CITY-ST-ZIP	TAMPA, FL 33610	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: J. Dan H. Dixon, Jr. JOHN H. DIXON, JR. 1/13/95 (813) 248-3898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068042