FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

APPROVED AND FILED

MAY -1 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N34076** (2)

CHILD OUTREACH OF NORTH AMERICA, INC.

Principal Place of Business
109 RIDGEFIELD CR.
~~P.O. BOX 2690, 32067-2690~~
ORANGE PARK FL 32065

Mailing Address
109 RIDGEFIELD CR.
~~P.O. BOX 2690, 32067-2690~~
ORANGE PARK FL 32065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1989
3a. Date of Last Report: 05/19/1994
4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable
5. Certificate of Status Desired: ☐ **$8.75** Additional Fee Required
6. Certificate of Status Required: ☐ **$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 F.S. 607.1622, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MAKOFKA, LESTER
222 E FORSYTH ST
JACKSONVILLE FL 32202

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 Section 607.325 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARRIS, JAMES E.
STREET ADDRESS	109 RIDGEFIELD CT
CITY, ST, ZIP	ORANGE PARK FL
TITLE	D
NAME	HARRIS, ELAINE N.
STREET ADDRESS	109 RIDGEFIELD CT
CITY, ST, ZIP	ORANGE PARK FL
TITLE	D
NAME	LAFEVER, GARY
STREET ADDRESS	RT 1 BOX 354-F
CITY, ST, ZIP	TUNNEL HILL GA
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information contained in this document, including any attachments, is true and accurate and that I am aware that pursuant to Section 817.155, Florida Statutes, I shall be subject to a fine or imprisonment or both for knowingly filing a false report. I hereby certify that the information indicated on this 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 a director or officer of the corporation or the person authorized to execute this report as prescribed by Chapter 607, Florida Statutes; and that my name appears above, or on an attached exhibit, as such director or officer with an address.

SIGNATURE: James E. Harris JAMES E. HARRIS 4-29-95 904/272-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0022203