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Jul 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N48738 (1)**

1. Corporation Name  
**SSOSS OUTREACH, INC.**

Principal Place of Business <b>1744 VAN BUREN STREET HOLLYWOOD FL 33020 US</b>	Mailing Address <b>P.O. BOX 22-1028 HOLLYWOOD FL 33022-1028 US</b>
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2. Principal Place of Business <b>21 P.O. Box 5236</b>	2a. Mailing Address <b>26 P.O. Box 5236</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>23 Vero Beach, FL</b>	City & State <b>28 Vero Beach FL</b>
Zip <b>24 32961</b>	Country <b>25</b>
Country <b>29 32961</b>	Country <b>30 Indian River</b>

3. Date Incorporated or Qualified <b>01/08/1992</b>
4. FEI Number <b>65-0308232</b>
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**STIMPLE-HASKELL, SUEANNA**  
**7080 N.W. 4TH AVE.**  
**BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

**81 Name Same**  
**82 Street Address (P.O. Box Number is Not Acceptable) 975 Royal Palm Blvd.**  
**83**  
**84 City Vero Beach FL 85 Zip Code 32960**

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 *Sueanna Stimple-Haskell* DATE **4/25/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	STIMPLE-HASKELL, SUEANNA	<u>Same</u>
STREET ADDRESS	7080 N.W. 4TH AVE.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HASKELL, ROGER LYMAN	
STREET ADDRESS	7080 N.W. 4TH AVE.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STIMPLE, BRADLEY T	
STREET ADDRESS	1365 N. HOYNE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KILPATRICK, RACHELLE A	
STREET ADDRESS	4900 13TH LANE	
CITY-ST-ZIP	VERNO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		Stimple-Haskell Sueanna	
1.3 STREET ADDRESS		975 Royal Palm Blvd	
1.4 CITY-ST-ZIP		Vero Beach, FL 32960	
2.1 TITLE	D	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		Same <del>PTD</del> HASKELL Roger Lyman	
2.3 STREET ADDRESS		975 Royal Palm Blvd.	
2.4 CITY-ST-ZIP		Vero Beach, FL 32960	
3.1 TITLE	D		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		<u>Same</u>	
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D	<u>Same</u>	
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 *Sueanna Stimple-Haskell* DATE **4/25/98**

CR2E037 (10/97)