


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90746 046 ****70.00

DOCUMENT # N48738 1. Entity Name SSOSS OUTREACH, INC.					
Principal Place of Business P O BOX 5236 VERO BCH, FL 32961 US			Mailing Address P O BOX 5236 VERO BCH, FL 32961 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STIMPLE-HASKELL, SUEANNA 975 ROYAL PALM BLVD VERO BCH, FL 32960				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STIMPLE-HASKELL, SUEANNA		NAME		
STREET ADDRESS	975 ROYAL PALM BLVD		STREET ADDRESS		
CITY-ST-ZIP	VERO BCH, FL 32960		CITY-ST-ZIP		
TITLE	DVP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HASKELL, ROGER L		NAME		
STREET ADDRESS	975 ROYAL PALM BLVD		STREET ADDRESS		
CITY-ST-ZIP	VERO BCH, FL 32960		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STIMPLE, BRADLEY T		NAME	D Stimple, BRADLEY T	
STREET ADDRESS	1365 N. HOYNE		STREET ADDRESS	13002 Clifton Blvd.	
CITY-ST-ZIP	CHICAGO, IL 60622		CITY-ST-ZIP	LAKE WOOD, OH 44107	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KILPATRICK, RACHELLE A		NAME	D Kilpatrick, Rachele A	
STREET ADDRESS	4900 13TH LANE		STREET ADDRESS	375 W. Key Lime Sq. S.W.	
CITY-ST-ZIP	VERO BEACH, FL 32961		CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: <u><i>Bradley T. Stimple</i></u> 4/25/04 772-770-1163 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					