

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N51370 (7)
 1. Corporation Name
FRIENDS OUTREACH, INC.



Principal Place of Business 359 NEW YORK DR FORT MYERS FL 33905 US	Mailing Address P.O. BOX 50364 FT. MYERS FL 33905 US
--	--

3. Date Incorporated or Qualified 10/16/1992
4. FEI Number 65-0439203
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 8312 Gann Rd Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 1323 Suite, Apt. #, etc.
City & State 23 Soddy Daisy, Tenn	City & State 28 Soddy Daisy, TN
Zip 24 37379	Country 25 USA
Zip 29 37384	Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BAILEY, CARL F 329 NEW YORK DR FT MYERS FL 33905	
--	--

10. Name and Address of New Registered Agent	
81 Name Myrtle P. Morris	
82 Street Address (P.O. Box Number is Not Acceptable) 15141 Briar Ridge Circle	
83	
84 City Fort Myers	85 Zip Code FL 33912

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 *Myrtle P. Morris* **Myrtle P. Morris** **4-15-98**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE DP	<input type="checkbox"/> DELETE
NAME BAILEY, CARL F.	
STREET ADDRESS 359 NEW YORK DR	
CITY-ST-ZIP FT MYERS FL	
TITLE DV	<input type="checkbox"/> DELETE
NAME MORRIS, MYRTLE P	
STREET ADDRESS 15141 BRIAR RIDGE CIR	
CITY-ST-ZIP FT MYERS FL	
TITLE DST	<input type="checkbox"/> DELETE
NAME BAILEY, LAVENIA C	
STREET ADDRESS 329 NEW YORK DR	
CITY-ST-ZIP FT MYERS FL	
TITLE DAT	<input type="checkbox"/> DELETE
NAME MORRIS, ROBERT L	
STREET ADDRESS 15141 BRIAR RIDGE CIR	
CITY-ST-ZIP FT MYERS 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 DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Bailey, Carl F	
1.3 STREET ADDRESS 8312 Gann Rd	
1.4 CITY-ST-ZIP Soddy Daisy, TN 37379	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	add zip code 33912
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Bailey, Lavenia C.	
3.3 STREET ADDRESS 8312 Gann Rd	
3.4 CITY-ST-ZIP Soddy Daisy, TN	add zip code 33912
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Morris, Robert L	
4.3 STREET ADDRESS 15141 Briar Ridge Circle	
4.4 CITY-ST-ZIP Fort Myers, FL	33912
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: *Carl F. Bailey* **Carl F. Bailey** Pres 4-15-98 **423 847-0038**

CR2E037 (10/97)