

DOCUMENT # **N51370**

1. Entity Name

FRIENDS OUTREACH, INC.

Principal Place of Business

Mailing Address

**8312 GANN ROAD
SODDY DAISY TN 37379
US**

**P.O. BOX 1323
SODDY DAISY TN 37374
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0439203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOW, KENNETH R
12280 LAMONTIER RD
PUNTA GORDA FL 33955**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PDD			
	BAILEY, CARL F.			
	8312 GANN ROAD			
	SODDY DAISY TN 37379			
	DSTD			
	BAILEY, LAVENIA C			
	8312 GANN ROAD			
	SODDY DAISY TN 37379			
	DVPD			
	SWAGGERTY, HAROLD			
	623 N SHERRY DR			
	ROSSVILLE GA 30741			

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl F. Bailey Pres 1-8-01

Date

Daytime Phone #

423 847 0038

CR2E037 (10/00)