

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51370

1. Entity Name

FRIENDS OUTREACH, INC.

Principal Place of Business

8312 GANN ROAD
SODDY DAISY TN 37379
US

Mailing Address

P.O. BOX 1323
SODDY DAISY TN 37374
US

2. Principal Place of Business

9870 Orange River Blvd

3. Mailing Address

P.O. Box 50685

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, Fla

City & State

Fort Myers, Fla

Zip

33905

Country

Lee

Zip

33994

Country

Lee

6. Name and Address of Current Registered Agent

DOW, KENNETH R
12280 LAMONTIER RD
PUNTA GORDA FL 33955

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | PPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bailey, Carl F | |
| STREET ADDRESS | 4480 Staley Rd | |
| CITY-ST-ZIP | Fort Myers Fla 33905 | |
| TITLE | DSTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bailey, Lavenia C. | |
| STREET ADDRESS | 4480 Staley Rd | |
| CITY-ST-ZIP | Fort Myers, Fla 33905 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl F. Bailey

1-10-02

Date

Daytime Phone #

991
694-3606



DO NOT WRITE IN THIS SPACE

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90019 014 ****61.25

CR2E037 (9/01)