

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000005294 (4)**

1. Corporation Name

**OUTREACH UNLIMITED, INC.**

Principal Place of Business

Mailing Address

**950 N. CENTRAL  
OVIEDO, FL.  
32765**

**950 N CENTRAL  
OVIEDO, FL.  
32765**

2. Principal Place of Business

2a. Mailing Address

**21 950 N. CENTRAL**

**26 950 N. CENTRAL #12**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 OVIEDO, FL. 2**

**27 OVIEDO, FLA.**

City & State

City & State

**23 32765 USA**

**28 32765 USA**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RONALD LEMIRE  
370 E. 6TH ST.  
CHULUOTA, FL. 32766**

**81 Name Roberta L. Cook**

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

**74 E. Magnolia St**

**83**

**84 City**

**OVIEDO**

**FL**

**85 Zip Code**

**32765**

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 **ROBERTA L. COOK**

**Roberta L. Cook**

**2-24-96**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DD**  
NAME **LEMIRE, RONALD D**  
STREET ADDRESS **370 EAST 6TH STREET**  
CITY-ST-ZIP **CHULUOTA, FL. 32766**

☒ DELETE

1.1 TITLE **DD**  
1.2 NAME **WOOD, KENNETH**  
1.3 STREET ADDRESS **617 REDMAPLE CT.**  
1.4 CITY-ST-ZIP **OVIEDO, FL. 32765**

☒ Change ☒ Addition

TITLE **SD**  
NAME **JOHN, MARY J**  
STREET ADDRESS **160 EAST 2ND STREET**  
CITY-ST-ZIP **CHULUOTA, FL. 32766**

☒ DELETE

2.1 TITLE **SD**  
2.2 NAME **COOK, ROBERTA L**  
2.3 STREET ADDRESS **74 E. Magnolia St.**  
2.4 CITY-ST-ZIP **OVIEDO, FL. 32765**

☒ Change ☐ Addition

TITLE **TD**  
NAME **Attebury, Jacqueline K.**  
STREET ADDRESS **1819 W. SR. 419**  
CITY-ST-ZIP **Chuluota, FL. 32766**

☒ DELETE

3.1 TITLE **TD**  
3.2 NAME **ROCK, PAUL**  
3.3 STREET ADDRESS **2861 ELM ST.**  
3.4 CITY-ST-ZIP **OVIEDO, FL. 32765**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

**Roberta Cook**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-24-96 (401)359-1713**

Date

Daytime Phone #

CR2E037 (12/95)