

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2006 8:00 am**  
**Secretary of State**

09-08-2006 90002 001 \*\*\*\*66.25

**DOCUMENT # N93000005325**

1. Entity Name  
**FAITH-TO-GROW CROSSCULTURAL OUTREACH, INC.**



Principal Place of Business  
**8741 HARE AVENUE  
JACKSONVILLE, FL 32211**

Mailing Address  
**8741 HARE AVENUE  
JACKSONVILLE, FL 32211**

**60038700**



08242006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business

**8719 HARE AVE.**

Suite, Apt. #, etc.

3. Mailing Address

**8719 HARE AVE.**

Suite, Apt. #, etc.

City & State

**Jacksonville FL**

City & State

**Jacksonville FL**

4. FEI Number

**59-3298851**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DANTZLER, LEONARD B.  
8741 HARE AVENUE  
JACKSONVILLE, FL 32211**

7. Name and Address of New Registered Agent

Name **Dantzier, Leonard B.**

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

**8719 HARE AVE.**

City

**Jacksonville**

FL

Zip Code

**32211**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

☒ **\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **DANTZLER, LEONARD**  
STREET ADDRESS **8741 HARE AVE.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE **D** ☐ Delete  
NAME **DANTZLER, NORMA**  
STREET ADDRESS **8741 HARB AVE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE **D** ☐ Delete  
NAME **CASTAGNO, CATHY**  
STREET ADDRESS **6244 POTTSBURG PLANT BLVD.**  
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Dantzier, Leonard** ☒ Change ☐ Addition  
NAME **8719 HARE AVE.**  
STREET ADDRESS **JACKSONVILLE, FL 32211**  
CITY-ST-ZIP

TITLE **Dantzier, NORMA** ☒ Change ☐ Addition  
NAME **8719 HARE AVE.**  
STREET ADDRESS **JACKSONVILLE, FL 32211**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Rev. Leonard B. Dantzier** **9/1/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(904) 612-5144**