

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000360

FILED
Feb 29, 2004
Secretary of State**Entity Name:** UNITED FAMILY OUTREACH, INC.**Current Principal Place of Business:**833 WYATT STREET
CLEARWATER, FL 33756**New Principal Place of Business:****Current Mailing Address:**1739 S. GREENWOOD AVENUE
CLEARWATER, FL 33756**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LAMBERT, STEVE
10066 LINDEN PLACE DRIVE
SEMINOLE, FL 33776 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAMBERT, STEVE
Address: 10066 LINDEN PLACE DRIVE
City-St-Zip: SEMINOLE, FL 33776

Title: TD () Delete
Name: VAN, BRUCE
Address: 8799 BARDMOOR BLVD #303
City-St-Zip: LARGO, FL 33777

Title: SD () Delete
Name: RICE, CHERLY
Address: 1101 MARINE STREET
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: RICE, LEVI
Address: 1101 MARINE STREET
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: NELLER, WES
Address: 3463 GLASSY IBIS COURT
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: SIRTBERG, JOHN
Address: 14367 87TH AVE N
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SIKTBERG, JOHN
Address: 14367 87TH AVE N
City-St-Zip: SEMINOLE, FL 33776

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE VAN

TD

02/29/2004

Electronic Signature of Signing Officer or Director

Date