

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 # N94000000541 (2)  
1. Corporation Name

OUTREACH DELIVERANCE CENTER, INC.



Principal Place of Business Mailing Address  
2231 SIPES AVE. 2231 SIPES AVE.  
SANFORD FL 32771 SANFORD FL 32771

3. Date Incorporated or Qualified 02/03/1994 3a. Date of Last Report 05/01/1995  
4. FEI Number 59-3061629 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Country 30  
24 25 29 30

9. Name and Address of Current Registered Agent

BARRINER, JOSEPHINE  
2231 SIPES AVE.  
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

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

NOTE: Registered Agent signature required when "uninstalling"

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS BARRINER, JOSEPHINE  
CITY-ST-ZIP 2591 CRAWFORD DR.  
SANFORD FL 32771  
TITLE ☒ DELETE  
NAME VD  
STREET ADDRESS HOWELL, LEOMA  
CITY-ST-ZIP 2591 CRAWFORD DR.  
SANFORD FL 32771  
TITLE ☐ DELETE  
NAME D  
STREET ADDRESS PEARSON, LINDA  
CITY-ST-ZIP 1605 W. 3RD ST.  
SANFORD FL 32771  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME VD  
2.3 STREET ADDRESS MARY D BUCKNER  
2.4 CITY-ST-ZIP 2231 SIPES  
SANFORD FLA 32771  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: Josephine Barriner Josephine Barriner

4-12-96 (407) 321-0606  
Date Daytime Phone #

CR2E037 (12/95)

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4-12-96

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To Whom it MAY Concern,  
I Am The President of OUTreach-  
Deliverance Center, And members,  
Are Writing In Regard of Leoma-  
Howell, Vice president,

She is no longer with the OR-  
ganization, So me as the president  
and the <sup>board</sup> meet, in a meeting,  
and came to agreement, and vote  
her out, So she is no longer my  
Vice president, Will you please re-  
move her Name, of The Annual Re-  
port form, And place This person  
Name, in her place.

<sup>VP</sup>  
Mary D Buckner

2231 Sipes Ave

Sanford, Fla 32771

Sign president

Josephine Barriner

OUTreach Deliverance Center