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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005017

1. Corporation Name

WHOLE HEARTED YOUTH OUTREACH INCORPORATED

Principal Place of Business

715 65TH AVENUE WEST
BRADENTON FL 34207

Mailing Address

P.O. BOX 10471
BRADENTON FL 34282-0471
US



2. Principal Place of Business

21 **2404 Bear Bay Rd.**

2a. Mailing Address

26 **P.O. Box 10471**

3. Date Incorporated or Qualified

10/10/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0572480

Applied For

Not Applicable

City & State

23 **Myakka FL**

City & State

28 **Myakka FL**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

24 **34251** 25 **USA**

Zip Country

29 **34251** 30 **USA**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SKORSKI, JOHN J
715 65TH AVE. WEST
BRADENTON FL 34207

10. Name and Address of New Registered Agent

81 Name **John J. Skorski**

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

2404 Bear Bay Rd.

83

84 City **Myakka**

FL

85 Zip Code
34251

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **SKORSKI, JOHN J**
STREET ADDRESS **715 65TH AVENUE WEST**
CITY-ST-ZIP **BRADENTON FL 34207**

TITLE **VD** ☐ DELETE
NAME **SKORSKI, MICHELLE D**
STREET ADDRESS **715 65TH AVENUE WEST**
CITY-ST-ZIP **BRADENTON FL 34207**

TITLE **T** ☐ DELETE
NAME **DIECK, SUSANNE M**
STREET ADDRESS **2204 COLONY CT.**
CITY-ST-ZIP **RUSKIN FL 33570**

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
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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 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 with all other like empowered.

SIGNATURE:

SIGNATURE OF SKORSKI

2/19/99

749-5387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)