

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19 2008 08:00 AM

Secretary of State

Check for  
Ch# 3075



DOCUMENT # N94000005017

1. Entity Name

WHOLE HEARTED YOUTH OUTREACH INCORPORATED

Principal Place of Business

6802 14TH ST. W.  
BRANDENTON, FL 34207 US

Mailing Address

PO BOX 10471  
BRADENTON, FL 34282-0471 US



02132008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0572480

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SKORSKI, JOHN J  
2404 BEAR BAY RD  
MYAKKA, FL 34251

**DO NOT WRITE  
IN THIS SPACE**

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

*John J. Skorski*

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

(NOTE: Registered Agent signature required when reinstating)

2/13/08

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

U000000933055  
02/27/08-80084-008 70.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SKORSKI, JOHN J  
STREET ADDRESS 2404 BEAR BAY ROAD  
CITY-ST-ZIP MYAKKA CITY, FL 34251

TITLE VD  
NAME SKORSKI, MICHELLE D  
STREET ADDRESS 2404 BEAR BAY ROAD  
CITY-ST-ZIP BRADENTON, FL 34207

TITLE T  
NAME DIECK, SUSANNE M  
STREET ADDRESS 106 COLONY CT.  
CITY-ST-ZIP RUSKIN, FL 33570

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*John J. Skorski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Skorski

2/13/08

(941) 322-2876

Day

Daytime Phone #