FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N9500000345 1. Corporation Name

W.T.C. COMMUNITY OUTREACH PROGRAMS, INC.

Principal Place of Business

Mailing Address

1005 5TH STREET WEST BRADENT ON FL

311 10TH AVENUE DRIVE WEST BRADENTON FL 34205

FILED Apr 29, 1999 8:00 am Secretary of State

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2. Principal Place of Business 2a. Mailing Address								ncorporated or Qu	ıalifed			
21		26	_			l	_01/2	4/1995				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				4. FEI N				Ar pli	ed For
22		27					_05-0	015 <u>602</u>			Not A	φρlicable
City & State	€	City & State					€ Codii	cate of Status Des	ired 🗌	\$8.7	75 Add	ditional
23		28					J. Cerui	ale of Status Des		Fe	e Requ	ired
Zip	Country	Country Zip			Country			6. Election Campaign Financing			\$5.00 May Be	
24	25 29			30			Trust Fund Contribution			Add	Added to Fees	
		10. Name and Address of New Registered Ag						ed Agent				
				81	Name							
GOLDEN, JAMES T					82 Street Address (P.O. Bcx Number is Not Acceptable)							
311 1CTH AVENUE DRIVE WEST					0.000	45,000	(1.0.00	X 1141	,			
BRADENTON FL 34205				83								
DI VIDE.ITI	ON 1 E 34203			04	016					lor!	Zip Co	
	•			84	City				F	85	ZIP CO	de
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida State	utes, the a	bove	-named o	согрога	ion subm	its this statement	for the purpose	of changing	g its re	gistered
office or n	egistered agent, or both, in the State of	Florida. Such change was	authorized	d by t	the corpo	ration's	board of	directors. I hereby	accept the ap	pointment a	is regis	tered
=	m familiar with, and accept the obligatio	ns or, Section 617.0503, F	orida Stat	utes.								
SIGNATURE	Signature, typed or printed name of registered ager t a	od title if annlicable (NO	E: Registered	Agent	t signature re	Ar utired who	an reinstation		DATE			`
12.	OFFICERS AND		13.					ONS/CHANGES 1	O OFFICERS	AND DIREC	CTORS	3 IN 12
TITLE	D DELETE		1.1 Ti	1.1 TITLE		^				Char	nge	Addition
NAME	ABEL, DAVID		12 N	1.2 NAME								
STREET ADDRESS	1303 64TH STREET NW			1.3 STREET ADDRESS								
	BRADENTON FL 34209			1.4 CITY-ST-ZIP								i
CITY-ST-ZIP TITLE	D DELETE			2.1 TITLE						Char	nge	Addition
NAME	, -	<u></u>	2.2 N		İ						•	_
	ANDERSON, MARION				ADDRESS							
STREET ADDRESS	812-24TH-GTREET-COURT-EAST	, _										
CITY-ST-ZIP	BRADENTON FL 34208			TY-S	1-2IP					Char	nge	Addition
TITLE	U —			3.1 TITLE 3.2 NAME							.90	
NAME	SCOTT, EDDIE				J							
STREET ADDRESS	2907 OAK LANE		1		ADDRESS							
CITY-ST-ZIP	BRADENTON FL 34209			3.4. CITY-ST-ZIP						☐ Char		Addition
TITLE	☐ DELETE			4.1 TITLE						L Cital	ige	☐ Addition
NAME	COVINGTON, LILLIE		4. 2 N		İ							İ
STREET ADDRESS	3104 9TH AVENUE DRIVE EAST				ADDRESS							'
CITY-ST-ZIP	PALMETTO FL 34221		_	TY-ST	-ZIP							
TITLE	D DELETE			5.1 ΠTLE						Char	nge	Addition
NAME	GOLDEN, JAMES T		5.2 N		1							
STREET ADDRESS	311 10TH AVENUE DRIVE WEST		5.3 ST	REET	ADDRESS							
CITY-ST-ZIP	BRADENTON FL 34205			TY-ST	-ZIP							
TITLE	D	☐ DELETE	6.1 TI	TLE						Char	nge	Addition
NAME	NEAL, ALICIA		6.2 N	AME]							
STREET ADDRESS	511B 20TH AVENUE WEST		6.3 ST	REET	ADDRESS							
CITY-ST-ZIP	RRADENTON FL 34205		6.4 CI	TY-ST	-ZIP							

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: