

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N95000000345**

1. Entity Name

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

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91578 029 ****70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1005 5TH STREET WEST
BRADENTON FL**

Mailing Address

**311 10TH AVENUE DRIVE WEST
BRADENTON FL 34205**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0015602

Applied For

Not Applicable

5. Certificate of Status Desired **XX**

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDEN, JAMES T
311 10TH AVENUE DRIVE WEST
BRADENTON FL 34205**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **ABEL, DAVID**
STREET ADDRESS **1303 64TH STREET NW**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ANDERSON, MARION**
STREET ADDRESS **812 24TH STREET COURT EAST**
CITY-ST-ZIP **BRADENTON FL 34208**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **SCOTT, EDDIE**
STREET ADDRESS **2907 OAK LANE**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **COVINGTON, LILLIE**
STREET ADDRESS **3104 9TH AVENUE DRIVE EAST**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GOLDEN, JAMES T**
STREET ADDRESS **311 10TH AVENUE DRIVE WEST**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **NEAL, ALICIA**
STREET ADDRESS **511B 20TH AVENUE WEST**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE ☒ Change ☐ Addition
NAME **Neal, Alicia**
STREET ADDRESS **3520 30th Lane East**
CITY-ST-ZIP **Bradenton, FL 34208**

12. 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 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: **SIGNATURE REQUIRED**

5-15-01 941-742-2116

CR2E037 (10/00)