2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # N95000000345



FILED May 03, 2004 8:00 am Secretary of State

1. Entity Nam	ne			05-03-2004 91233 013 ****70.00
W.T.C. CO	OMMUNITY OUTREACH F	PROGRAMS, INC.		
			150	
Principal Plac	ee of Business	Mailing Address	I	
1005 5TH STREET WEST		311 10TH AVENUE D	RIVE WEST	
BRADENTO		BRADENTON FL 3420	5	
				1 1891/T) 118 (818) \$111 MEN STILL S
2. Principal F	Place of Business	3. Mailing Address		
- Trinopart	Tagg of Boomings	or maning Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		MOORE CR2E037 (11/03)
00				WOORE OR2E037 (17/03)
City & State		City & State		4. FEI Number NO-T APPLICABLE Applied For Not Applied For
Zip	Country	Zip	Country	(CO 75
_ -	,		Coontry	5. Certificate of Status Desired Fee Required
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent
			Name	
GOLDEN, JAMES T 311 10TH AVENUE DRIVE WEST			Street A	Address (P.O. Box Number is Not Acceptable)
	ADENTON FL 34205	EŞI	-	
5,0			<u></u>	
			City	FL Zip Code
8. The above	e named entity submits this statemen	of for the purpose of changing its	registered office or	or registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligat	tions of registered agent.	and the purpose of offering the	, regional co amba a	riogration and agent, or bear, in the state of Horida. Tan Hamilian with, and accept
SIGNATURE	Closebus Load to printed according to the control of the control o			
Aleksania meninggan dalah	Signature, haped or printed name of registered a	gent and title is applicable. (NO	E: Hegistered Agent signati	lture required when reinstating) DATE
	FILE NOW: FEE IS \$61.25		mpaign Financing	\$5.00 May Be Make Check Payable to
	்Due By May 1, 2004	Trust Fund	Contribution.	Added to Fees Florida Department of State
10. ₹≒.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE 🕉	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME 45	ABEL, DAVID 1303 64TH STREET NW		. NAME	
STREET ADDRESS	BRADENTON FL 34209		STREET ADDRESS	
	D	——————————————————————————————————————	CITY-ST-ZIP	
TITLE NAME	ANDERSON, MARION	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	812 24TH STREET COURT EAS	TT.	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34208		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	Change Addition
NAME	NEAL, ALICIA		NAME	
STREET ADDRESS	BRADENTON FL 34208		STREET ADDRESS	
CITY-ST-ZIP	D		CITY-ST-ZIP	
TITLE NAME	COVINGTON, LILLIE	. 🗆 Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS	3104 9TH AVENUE DRIVE EAS	т	NAME STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GOLDEN, JAMES T		NAME	
STREET ADDRESS	311 10TH AVENUE DRIVE WES BRADENTON FL 34205	01	STREET ADDRESS	
CiTY-ST-ZiP	D		CITY-ST-ZIP	
TITLE	NEAL, ALICIA	☐ Delete	TITLE	☐ Change ☐ Addition
NAME CTREET ANNUESS	3520 30T LANE E.		NAME	
STREET ADDRESS	BRADENTON FL 34208		STREET ADDRESS	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR