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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001239

1. Corporation Name

ALLEN OUTREACH AND COMMUNITY DEVELOPMENT CENTER, INC.

Principal Place of Business

2010 NORTH NEBRASKA AVENUE
TAMPA FL 33602

Mailing Address

POB 76641
TAMPA FL 33765
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/06/1996

4. FEI Number

59-3171828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

STEWART, FRANK S ESQ
3560 N. 29TH STREET
TAMPA FL 33605

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 **P** ☐ DELETE
NAME **CUMMINGS, FRANK C**
STREET ADDRESS **112 W. ADAMS STREET STE 1814**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **T** ☐ DELETE
NAME **DAWKINS, HARRY L**
STREET ADDRESS **912-3RD AVENUE, NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE **T** ☐ DELETE
NAME **FORTUNE, MOZELLE**
STREET ADDRESS **721-65TH AVENUE EAST**
CITY-ST-ZIP **BRADENTON FL 34208**

TITLE **D** ☐ DELETE
NAME **LONG, CHARLES**
STREET ADDRESS **6718 ISLANDER LANE**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **D** ☐ DELETE
NAME **SMITH, ELIZABETH P**
STREET ADDRESS **2205 N. GRADY AVENUE**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **RALA** ☐ DELETE
NAME **STEWART, FRANK S**
STREET ADDRESS **3560 N. 29TH STREET**
CITY-ST-ZIP **TAMPA FL 33605**

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 REQUIRED

ELIZABETH P. Smith 4/10/99 813-229-6712

Date

Daytime Phone #

CR2E037 (11/98)