



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90122 011 \*\*\*\*61.25

|  |                                 |  |   |  |  |
|--|---------------------------------|--|---|--|--|
| <b>DOCUMENT # N96000002671</b>   |                                 |  |   |           |  |
| <b>1. Entity Name</b><br>OUTREACH FOR YOUTH II, INC.   |                                 |  |   |  |  |
| <b>Principal Place of Business</b><br>P.O. BOX 1942<br>LAKE CITY, FL 32056 US  |                                 |  | <b>Mailing Address</b><br>P.O. BOX 1942<br>LAKE CITY, FL 32056 US   |  |  |
| <b>2. Principal Place of Business</b><br>P.O. Box 1942<br>Suite, Apt. #, etc.  |                                 | <b>3. Mailing Address</b><br>P.O. Box 1942<br>Suite, Apt. #, etc.                          |   |          |  |
| <b>City &amp; State</b><br>Lake city FLA.<br>Zip 32056 Country Columbia  |                                 | <b>City &amp; State</b><br>Lake city FLA.<br>Zip 32056 Country Columbia                    |   | 04142005 Chg-NP CR2E037 (10/03)  |  |
| <b>4. FEI Number</b><br>59-3262674   |                                 |  |   | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |                                 |  |   | <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>JERNIGAN, WAYNE<br>1097 ANNIE MATTOX AVE.<br>LAKE CITY, FL 32055   |                                 |  | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ State <b>FL</b> Zip Code _____ |  |  |
| <b>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.</b>   |                                 |  |   |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                                 |  |   |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2005</b>  |                                 | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>   |                                 |  |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |                                 |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| <b>TITLE</b><br>CD<br><b>NAME</b><br>JERNIGAN, WAYNE<br><b>STREET ADDRESS</b><br>1097 ANNIE MATTOX AVE.<br><b>CITY - ST - ZIP</b><br>LAKE CITY, FL 32055   | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| <b>TITLE</b><br>VCD<br><b>NAME</b><br>WILSON, CEASARION<br><b>STREET ADDRESS</b><br>RT 19 BOX 224<br><b>CITY - ST - ZIP</b><br>LAKE CITY, FL   | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| <b>TITLE</b><br>TD<br><b>NAME</b><br>JERNIGAN, DONALD<br><b>STREET ADDRESS</b><br>707 1/2 FAIRVIEW STREET<br><b>CITY - ST - ZIP</b><br>LAKE CITY, FL 32055   | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| <b>TITLE</b><br>S<br><b>NAME</b><br>JEFFERS, MCKINLEY<br><b>STREET ADDRESS</b><br>1050 E. LEON STREET<br><b>CITY - ST - ZIP</b><br>LAKE CITY, FL 32055   | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b><br>   | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b><br>   | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| <b>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.</b> |                                 |  |   |  |  |
| <b>SIGNATURE:</b> <i>Wayne Jernigan</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                 |  | 5-2-05 386-758-5417<br><small>Date Daytime Phone #</small>  |  |  |