

FILE NOW: FILING FEE IS \$61.25

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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004526 (7)**

1. Corporation Name

OUTREACH COMMUNITY DEVELOPMENT, INC.



Principal Place of Business	Mailing Address
1511 NW AVE E BELLE GLADE FL 33430	1511 NW AVE E BELLE GLADE FL 33430-2417

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/26/1996		3a. Date of Last Report	
21		26		4. FEI Number 31-1480332		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BUTTS, STELLA G 1511 NW AVE E BELLE GLADE FL 33430				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BUTTS, STELLA G			1.2 NAME	Melissa Musk		
STREET ADDRESS	1511 NW AVE E			1.3 STREET ADDRESS	841 N.E. 30th St.		
CITY-ST-ZIP	BELLE GLADE FL 33430			1.4 CITY-ST-ZIP	Belle Glade, FL 33430		
TITLE	DS	<input type="checkbox"/> DELETE		2.1 TITLE	Managing Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BROWN, OWENA S			2.2 NAME	Jo Ann League		
STREET ADDRESS	1316 SW AVE D			2.3 STREET ADDRESS	1348 N.W. AVE. P		
CITY-ST-ZIP	BELLE GLADE FL 33430			2.4 CITY-ST-ZIP	Belle Glade, FL 33430		
TITLE	DT	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAWTON, MARGARET P			3.2 NAME			
STREET ADDRESS	716 NW 16TH ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	BELLE GLADE FL 33430			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *Stella G. Butts* **3/28/97** **561-992-5551**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041963

CR2E037 (9/96)