

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90015 015 \*\*\*\*61.25

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<b>DOCUMENT # N96000004852</b> 1. Entity Name <b>POSITIVE OUTREACH SERVICES, INC.</b>					
Principal Place of Business 2496 KIRKWOOD AVE. NAPLES, FL 34112 US			Mailing Address 2496 KIRKWOOD AVE. NAPLES, FL 34112 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number <b>31-1486087</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>TURNER, STEVE</b> <b>5909 ALMADEN DRIVE</b> <b>NAPLES, FL 34119</b>				7. Name and Address of New Registered Agent Name <b>CLELIA TENEROWICZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>6588 Chestnut Circle</b> City <b>Naples, FL</b> Zip Code <b>34109</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.  SIGNATURE <u><i>Clelia Tenerowicz President</i></u> <b>CLELIA TENEROWICZ</b> <u>1/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TURNER, STEPHEN 5909 ALMADEN DRIVE NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLELIA TENEROWICZ 6588 CHESTNUT CIRCLE NAPLES, FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUYDAM, MARJORIE 349 DOVER PLACE 101 NAPLES, FL 34104	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRY FLEMING 563 PARK SHORE DR. NAPLES, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUERO, JOSE 5245 RED CEDAR DRIVE #5 FT MYERS, FL 33907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEMARY TERSTEGGE 170 41ST AVE NE NAPLES, FL 34100	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONLEY, PATRICIA 331 ERIE DR NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILL SCHILLER 23255 COCONUT SHORE BONITA SPRINGS, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACK GOOTKIN 4001 TRINIDAD WAY NAPLES, FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFF JEROME 212 SHADOW RIDGE CT NAPLES, FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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>SIGNATURE:</b> <u><i>Clelia Tenerowicz</i></u> <b>CLELIA TENEROWICZ</b> <u>1/26/05</u> <u>239-417-8400</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					