2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000005989

1. Entity Name
ON THE CUTTING EDGE OUTREACH PROGRAMS, INC.

Principal Place of Business	Mailing Address
6864 SILVER STAR RD. ORLANDO, FL 32818	6864 SILVER STAR RD. ORLANDO, FL 32818

08172004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3408416
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HELLIGAR, ACHILLE L
6864 SILVER STAR RD.
ORLANDO, FL 32818

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000170724
08/23/04-80008-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HELLIGAR, ACHILLE
STREET ADDRESS	7121 LAUREL HILLS RD.
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	D
NAME	HELLIGAR, DOROTHY
STREET ADDRESS	7121 LAUREL HILLS RD
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	DT
NAME	STIRLING, JUNIOR
STREET ADDRESS	BOX 950 850
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	D
NAME	PHILLIP, MARLENE T
STREET ADDRESS	6901 HENNEPLN BLVD
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	CD
NAME	CHATMAN, WINIFRED
STREET ADDRESS	119 ESTATES CR
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	D
NAME	COOLEY, DARRYLL
STREET ADDRESS	2733 SPRINGFIELD DR
CITY-ST-ZIP	OCOEE, FL 34761

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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: _____ 4-18-04 407-209-6677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #