
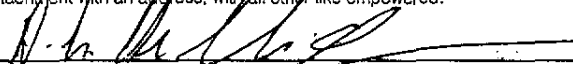


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000005989</b> 1. Entity Name <b>ON THE CUTTING EDGE OUTREACH PROGRAMS, INC.</b>					
Principal Place of Business <b>6864 SILVER STAR RD. ORLANDO, FL 32818</b>				Mailing Address <b>6864 SILVER STAR RD. ORLANDO, FL 32818</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3408416</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HELLIGAR, ACHILLE L 6864 SILVER STAR RD. ORLANDO, FL 32818</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing 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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HELLIGAR, ACHILLE</b>		NAME		
STREET ADDRESS	<b>7121 LAUREL HILLS RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO, FL 32818</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HELLIGAR, DOROTHY</b>		NAME		
STREET ADDRESS	<b>7121 LAUREL HILLS RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO, FL 32818</b>		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STIRLING, JUNIOR</b>		NAME		
STREET ADDRESS	<b>BOX 950 850</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKE MARY, FL 32746</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PHILLIP, MARLENE T</b>		NAME		
STREET ADDRESS	<b>6901 HENNEPLN BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO, FL 32818</b>		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CHATMAN, WINIFRED</b>		NAME		
STREET ADDRESS	<b>119 ESTATES CR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKE MARY, FL 32746</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COOLEY, DARRYL</b>		NAME		
STREET ADDRESS	<b>2733 SPRINGFIELD DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OCOE, FL 34761</b>		CITY-ST-ZIP		
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> 			<b>Achille L. Helligar</b> <b>407-299-6677</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



02102005 Chg-NP CR2E037 (10/03)

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12/22/05-R0047-003 61.25

2/16/05