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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

FILED May 13 1998 8:00am Secretary of State

			TO THE ME	al Outreac	h, In	٤.					
Principal Plan	ce of Busines	38	N	lailing Address							
							}	3. Date Incorporated or C	Pualified		
							ŀ	12 - 3/- 9 4. FEI Number	<u> </u>		Applied For
								65.0722	978	$\overline{}$	Not Applicable
2. Principal Place of Business 28. Mailing Address						0.		5. Certificate of Status De	sired	\$8.7	5 Additional
1 374/ NW 94 Ave. 26 5722 5. Flom. Suite, Apt. #, etc. Suite, Apt. #, etc.						<u>, Kd.</u>		S. Certificate of States De			Required
		-	Suite, Apt. #, etc.				6. Election Campaign Fina			May Be	
City & Sta		27	City & State	70			Trust Fund Contribution			d to Fees	
		Country	28	Suite, Apt. #, etc. Suite 2: City & State 11. Lande Zip	dale	, FL	ļ	7. Is this nonprofit corpora		No No	IIIOTT?
				Zip		ountry		8. This corporation owes	or has paid the c	current year	Intangible
24 330		25 45		37330	30	4.5.		Personal Property Tax of		☐ Yes	⊠ No
	9. Name	and Address of Cu	irrent Regis	tered Agent	···· —···	0.6		10. Name and Address of	New Registere	d Agent	
						81 Name		Chaffee			
						82 Stree	t Addres	s (P.O. Box Number is Not A	(cceptable)		
						1 1 3 /	22.	6 Charles	KI I		
						183 Su	te	290 Perdali			
						84 City				. 85 Z	ip Code
						1 17	land	Per dale	F	L 9:	3330
office or i	regi ste red ag am fam iliar wi	gent, or both, in the S ith, and accept the c	itate of Florid Ibligations o	da. Such change w f, Section 617.0503	as authorizi , Florida Sta	ed by the co stutes	rporation	ation submits this statement is board of directors. I heret	by accept the ap	pointment a	g its registered as registered
SIGNATURE	Let 19	illy se	Paul	Shaffer		viet 1	Presi	Acrt then reinstating)	4/27	198	
12.	Signature, typefi		d agest and title AND DIREC				re required y				000 11 70
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NAME				EL DECETE	12	NAME	1	5./ 1997		E-Change	e 🗀 Addinoi
STREET ADDRESS					12	STOFFT ADDDFCC	1777	Johnson III. 25 Flamingo Ka	1 Ste 2!	90	
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NAME					221	VAME	100	Sha Aler			· III HILLINGO
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NAME					321						
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CITY-ST-ZIP	<u> </u>					CITY-ST-ZIP	F1.	bunderdale, FL	33330		
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TITLE				☐ DELETE	6.1 T	ITLE			ن بهر پستار دستاریس	Change	Addition
NAME					6.2 N	AME		900002 -05/14/98-	≃ಏ≪५		
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CITY-ST-ZIP	<u> </u>					ITY-ST-ZIP		***61.25			
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Indicated on this annual report or supplied with this ining 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.