2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000000410

1. Entity Name
HIGHWAY COMMUNITY OUTREACH, INC.

Principal Place of Business	Mailing Address
4441 W. SUNRISE BLVD. PLANTATION, FL 33313	PO OFFICE BOX 16690 PLANTATION, FL 33313 US

07022005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0724749
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MITCHELL, WILLETT DR.
4441 W SUNRISE BLVD
PLANTATION, FL 33313

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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 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MITCHELL, WILLETT DR.
STREET ADDRESS	PO BOX 16690
CITY-ST-ZIP	PLANTATION, FL 33318
TITLE	SD
NAME	AUSTIN, S D DR.
STREET ADDRESS	PO BOX 16690
CITY-ST-ZIP	PLANTATION, FL 33318
TITLE	TD
NAME	SMITH, B J
STREET ADDRESS	1520 WILTSHIRE VILLAGE DR.
CITY-ST-ZIP	W PALM BEACH, FL 33409
TITLE	MEM
NAME	MAJORS, JIMMIE
STREET ADDRESS	4424 STEPPLETON WAY
CITY-ST-ZIP	CHARLOTTE, NC 28215
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/08/05-80010-001 70.00

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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: Dr. Willett Mitchell Pres. Willett Mitchell Pres. 7/2/04 954-415-0821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #