

ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000002659

1. Entity Name
 UNITED COMMUNITY OUTREACH, INC.



Principal Place of Business

810 MCCORMICK ST.
 LEESBURG, FL 34748

Mailing Address

340 W OAK TERR DRIVE
 158
 LEESBURG, FL 34748



03302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3447513	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, ALONZO C
 7230 PLANTATION DRIVE
 ORLANDO, FL 32818

**DO NOT WRITE
 IN THIS SPACE**

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 _____

Signature of the registered agent or the authorized officer

Signature of the authorized officer or the registered agent

Date

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

NAME OFFICE ADDRESS CITY-STATE-ZIP	PO BROWN, ALONZO C 7230 PLANTATION DR. ORLANDO, FL 32818
NAME OFFICE ADDRESS CITY-STATE-ZIP	SD JENKINS, LUCY 1004 BEECHER STREET LEESBURG, FL 34748
NAME OFFICE ADDRESS CITY-STATE-ZIP	TD TILLMAN, BEATRICE W 2115 HARLEM AVENUE LEESBURG, FL 34748
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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)(b), Florida Statutes. I further certify that the information provided 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. 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 empowerments.

SIGNATURE: *Beatrice W. Tillman* **Beatrice W. Tillman** **42404** **352 787 8280**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR