

DOCUMENT # N98000001561

1. Entity Name

TEEN OUTREACH PROJECT OF THE WORLD, INC.

Principal Place of Business

5620 LAKESIDE DRIVE  
LUTZ FL 33549

Mailing Address

PO BOX 340334  
TAMPA FL 33694

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONWELL, LEWIS J  
C/O RUDNICK & WOLFE  
101 EAST KENNEDY BLVD., SUITE 2000  
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LEATHERWOOD, SHERRIE	
STREET ADDRESS	14903 KNOTTY PINE PLACE	
CITY-ST-ZIP	TAMPA FL 33625	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	LEATHERWOOD, ROBERT	
STREET ADDRESS	14903 KNOTTY PINE PLACE	
CITY-ST-ZIP	TAMPA FL 33625	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	GILIO, JAMES	
STREET ADDRESS	6045 LAKESIDE DR	
CITY-ST-ZIP	LUTZ FL 33549	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	KING, ROBERT	
STREET ADDRESS	4337 HONEY VISTA CIRCLE	
CITY-ST-ZIP	TAMPA FL 33624	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	HARTSFIELD, MATTHEW	
STREET ADDRESS	16601 ROUND OAK DRIVE	
CITY-ST-ZIP	TAMPA FL 33618	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Catherine Howe	
STREET ADDRESS	19111 Cherry Rose Cir	
CITY-ST-ZIP	LUTZ, FL 33549	

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:

James J. Gilio  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90103 012 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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