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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005203

1. Corporation Name
DANNY DODGE OUTREACHES, INC.

Principal Place of Business 600 N.E. 36TH ST..STE.1220 MIAMI FL 33137	Mailing Address 600 N.E. 36TH ST..STE.1220 MIAMI FL 33137
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2. Principal Place of Business 21 5621 A VON AVE	2a. Mailing Address 26 P.O. Box 2585	3. Date Incorporated or Qualified 09/08/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0862230
City & State 23 MONEE IL	City & State 28 HOMewood IL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 60449	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 60430-7585	Country 30 USA	

9. Name and Address of Current Registered Agent

DODGE, DANIEL R
600 N.E. 36TH ST.,STE.1220
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name **JAMES MICHAEL WATSON**

82 Street Address (P.O. Box Number is Not Acceptable)
13635 NW 7th AVE

83

84 City **NORTH MIAMI** FL 85 Zip Code **33169**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE James M. Watson DATE **4-20-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	DODGE, DANNY	
STREET ADDRESS	600 N.E. 36TH ST.,STE.1220	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	
NAME	DODGE, GRETHEL	
STREET ADDRESS	600 N.E. 36TH ST.,STE.1220	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	
NAME	DODGE, THOMAS	
STREET ADDRESS	11261 W. KENNEDY RD.	
CITY-ST-ZIP	PEOTONE IL 60468	
TITLE	D	
NAME	VARGES, ABEL SR.	
STREET ADDRESS	VALLE DE LAS PALMAS #1198,JARDINES DELVALL	
CITY-ST-ZIP	BC MEXICO CP.21240	
TITLE	D	
NAME	BOLLMAN, JEFF	
STREET ADDRESS	15318 REDWOOD CT.	
CITY-ST-ZIP	LOCKPORT IL 60441	
TITLE	D	
NAME	CURTIN, PAT	
STREET ADDRESS	1023 EASTLAWN, WINDSOR,ONTARIO	
CITY-ST-ZIP	N8S3H8 CANADA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	D		
1.2 NAME	DODGE, DANNY		
1.3 STREET ADDRESS	5621 A VON AVE		
1.4 CITY-ST-ZIP	MONEE -IL - 60449		
2.1 TITLE	D		
2.2 NAME	DODGE, GRETHEL		
2.3 STREET ADDRESS	5621 A VON AVE		
2.4 CITY-ST-ZIP	MONEE IL 60449		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	D		
5.2 NAME	BOLLMAN, JEFF		
5.3 STREET ADDRESS	14792 MONTGOMERY		
5.4 CITY-ST-ZIP	ORLAND PARK IL 60462		
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE **3-28-99** DAYTIME PHONE # **708-534-1662**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0030406
CR2E037 (11/98)