

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90112 037 ****70.00

DOCUMENT # N98000005203

1. Entity Name

DANNY DODGE OUTREACHES, INC.

Principal Place of Business

5621 A VON AVE
 MONEE IL 60449

Mailing Address

PO BOX 2585
 HOMEWOOD IL 60430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0862230**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, JAMES M
15869 SW 4TH STREET
PEMBROKE PINES FL 33027

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

James M. Watson

JAMES WATSON

3/29/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D DODGE, DANNY	<input type="checkbox"/> Delete
STREET ADDRESS	5621 A VON AVE	
CITY-ST-ZIP	MONEE IL 60449	
TITLE NAME	D DODGE, GRETHEL	<input type="checkbox"/> Delete
STREET ADDRESS	5621 A VON AVE	
CITY-ST-ZIP	MONEE IL 60449	
TITLE NAME	D DODGE, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	11261 W. KENNEDY RD.	
CITY-ST-ZIP	PEOTONE IL 60468	
TITLE NAME	D VARGES, ABEL SR.	<input type="checkbox"/> Delete
STREET ADDRESS	VALLE DE LAS PALMAS #1198,JARDINES DELVALL	
CITY-ST-ZIP	BC MEXICO CP.21240	
TITLE NAME	D BOLLMAN, JEFF	<input type="checkbox"/> Delete
STREET ADDRESS	14792 MONTGOMERY	
CITY-ST-ZIP	ORLAND PARK IL 60462	
TITLE NAME	D CURTIN, PAT	<input type="checkbox"/> Delete
STREET ADDRESS	1023 EASTLAWN, WINDSOR,ONTARIO	
CITY-ST-ZIP	N8S3H8 CANADA	

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

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 reports 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:

Signature Required
WALTER R. DODGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01

Date

708-534-1662

Daytime Phone #

CR2E037 (10/00)