


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000005203**  
 1. Entity Name  
**DANNY DODGE OUTREACHES, INC.**



Principal Place of Business      Mailing Address  
 2154 W. MAPLE RD.                      PO BOX 2585  
 HOMEWOOD, IL 60430                      HOMEWOOD, IL 60430

**DO NOT WRITE IN THIS SPACE**



04302004 No Chg-NP      CR2E037 (10/03)

4. FEI Number <b>65-0862230</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fees Required</b>

6. Name and Address of Current Registered Agent  
**MASON, LINDA**  
**3119 CLARK ROAD**  
**SARASOTA, FL 34231**

**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 Linda Mason - Linda Mason      DATE 4/29/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$81.25**  
**Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODGE, DANNY MR. 2154 W. MAPLE RD. HOMEWOOD, IL 60430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODGE, GRETHEL MRS. 2154 W. MAPLE HOMEWOOD, IL 60430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODGE, THOMAS MR. 11261 W. KENNEDY RD. PEOTONE, IL 60468
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGES, ABEL SR. VALLE DE LAS PALMAS #1198, JARDINES DELVALL MEXICALI, BC 21240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLLMAN, JEFF MR. 12328 BENTWOOD DRIVE LOCKPORT, IL 60441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIN, PAT MR. 1023 EASTLAWN WINDSOR, ONTARIO, CANADA, ON N8S3H8

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 05/06/04-80017-008 70.00

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: DANNY DODGE, PRES.      DATE 4/30/04      TELEPHONE # 708-799-9092  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR