

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005203

FILED
Apr 24, 2005
Secretary of State

Entity Name: DANNY DODGE OUTREACHES, INC.

Current Principal Place of Business:

2154 W. MAPLE RD.
HOMEWOOD, IL 60430

New Principal Place of Business:

Current Mailing Address:

PO BOX 2585
HOMEWOOD, IL 60430

New Mailing Address:

FEI Number: 65-0862230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MASON, LINDA
3119 CLARK ROAD
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DODGE, DANNY MR.
Address: 2154 W. MAPLE RD.
City-St-Zip: HOMEWOOD, IL 60430

Title: D () Delete
Name: DODGE, GRETHEL MRS.
Address: 2154 W. MAPLE
City-St-Zip: HOMEWOOD, IL 60430

Title: D () Delete
Name: DODGE, THOMAS MR.
Address: 11261 W. KENNEDY RD.
City-St-Zip: PEOTONE, IL 60468

Title: D () Delete
Name: VARGES, ABEL SR.
Address: VALLE DE LAS PALMAS #1198,JARDINES DELVALL
City-St-Zip: MEXICALI, BC 21240 MX

Title: D () Delete
Name: BOLLMAN, JEFF MR.
Address: 12328 BENTWOOD DRIVE
City-St-Zip: LOCKPORT, IL 60441

Title: D () Delete
Name: CURTIN, PAT MR.
Address: 1023 EASTLAWN
City-St-Zip: WINDSOR, ONTARIO, CANADA, ON N8S3H8

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CURTIN, PAT MR.
Address: 102 SHADOW WOOD DR.
City-St-Zip: E. AMHERST, NY 14051

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL R. DODGE

MR.

04/24/2005

Electronic Signature of Signing Officer or Director

_____ Date