

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005203

FILED  
Apr 30, 2009  
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:

25517 DEVONSHIRE LANE  
MONEE, IL 60449

## Current Mailing Address:

PO BOX 2585  
HOMEWOOD, IL 60430

## New Mailing Address:

PO BOX 751  
HOMEWOOD, IL 60430

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:

MASON, LINDA  
4428 SANIBEL WAY  
BRADENTON, FL 34203 US

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: LINDA MASON

04/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

Title: D ( ) Delete  
Name: DODGE, THOMAS  
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  
Address: 12328 BENTWOOD DRIVE  
City-St-Zip: LOCKPORT, IL 60441

Title: D ( ) Delete  
Name: CURTIN, PAT  
Address: 102 SHADOWWOOD DRIVE  
City-St-Zip: E. AMHERST, NY 14051

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DODGE, DANIEL R  
Address: 25517 DEVONSHIRE LN  
City-St-Zip: MONEE, IL 60449

Title: D (X) Change ( ) Addition  
Name: DODGE, GRETHEL  
Address: 25517 DEVONSHIRE LN  
City-St-Zip: MONEE, IL 60449

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date