

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000005203

FILED  
Apr 25, 2003  
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:**

WATSON, JAMES M  
15968 SW 4TH STREET  
PEMBROKE PINES, FL 33027

**Name and Address of New Registered Agent:**

MASON, LINDA  
3119 CLARK ROAD  
SARASOTA, FL 34231

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

04/25/2003

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

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

PRES

04/25/2003

Electronic Signature of Signing Officer or Director

Date