


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 22, 2004 8:00 am
Secretary of State

09-22-2004 90001 037 ****61.35

DOCUMENT # N98000006189 1. Entity Name PINECREST COMMUNITY OUTREACH, INC.					
Principal Place of Business 3504 HIBISCUS PLACE MIRAMAR, FL 33023				Mailing Address PO BOX 670993 CORAL SPRINGS, FL 33067	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address 3090 Holiday Springs Blvd. #2 Suite 210 MARGATE, FL 33063 Broward	
4. FEI Number 65-0876996				Chg-NP CR2E037 (10/03) Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HUNTE, JOSEPHINE M 3504 HIBISCUS PLACE MIRAMAR, FL 33023	
7. Name and Address of New Registered Agent Name Hunte, JOSEPHINE M Street Address (P.O. Box Number is Not Acceptable) 3090 Holiday Springs Blvd Suite #210 City MARGATE FL Zip Code 33063				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTE, JOSEPHINE M 3090 HOLIDAY SPRINGS BLVD. MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STINETTE, JUANTA 3313 CABANET LANE MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stinnett, JAUNTA H <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11 TROTTER'S WAY DALLAS, GA 30132		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARKEN, GILMO 3504 HIBISCUS PLACE MIRAMAR, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Larkin, Gilmo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6565 Geneva St Lakewood, FL 33467		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Joseph M Hunte</u> 9/1/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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