

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90136 047 ****61.25

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DOCUMENT # N99000001816

1. Entity Name

SPECIAL NEEDS OUTREACH INC.



Principal Place of Business

**800 SOUTH DILLARD STREET
WINTER GARDEN FL 34787**

Mailing Address

**800 SOUTH DILLARD STREET
WINTER GARDEN FL 34787**

2. Principal Place of Business

150 Temple Grove Dr
Suite, Apt. #, etc.

3. Mailing Address

150 Temple Grove Dr.
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

Winter Garden, FL

City & State

Winter Garden, FL

4. FEI Number **31-1659292**

Applied For
 Not Applicable

Zip

34787

Country

USA

Zip

34787

Country

USA

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required.**

6. Name and Address of Current Registered Agent

**HINSON, ROBERT C
900 ALAMEDA STREET
ORLANDO FL 32804**

**AGENT SAME,
CHG. ADDRESS**

7. Name and Address of New Registered Agent

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)

150 Temple Grove Dr

City

Winter Garden

FL

Zip Code

34787

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	HINSON, ROBERT C	
STREET ADDRESS	900 ALAMEDA STREET	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PAGELLO, FRANK	
STREET ADDRESS	330 RIPPY RIDGE ROAD	
CITY-ST-ZIP	NORMANDY FL 37360	
TITLE		<input type="checkbox"/> Delete
NAME	GIRVIN, STEVEN	
STREET ADDRESS	800 SOUTH DILLARD STREET	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMPSON, KATHERINE	
STREET ADDRESS	1254 BRAMAN AVENUE	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINSON, ROBERT C	address
STREET ADDRESS	150 Temple Grove Dr.	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRVIN, STEVEN	address
STREET ADDRESS	814 Gordon Dr.	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED

Date

Daytime Phone #

Jul 15 2003 407/656-5599

CP2E037 (4/03)