

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002906

1. Entity Name

CHILD OUT-REACH, INC.

Principal Place of Business

340 10TH STREET  
#B  
LAKE PARK FL 33403

Mailing Address

~~P.O. BOX 10628~~  
~~RIVIERA BEACH FL 33418~~  
340-10th St.  
#B  
LAKE PARK FL.  
33403

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CANNON, CAPURNIA  
1512 WEST 16TH STREET  
RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CANNON, CAPURNIA	
STREET ADDRESS	1512 WEST 16TH STREET	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	TVPS	<input type="checkbox"/> Delete
NAME	DRY, NITA	
STREET ADDRESS	1060 CORAL WAY	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	TT	<input type="checkbox"/> Delete
NAME	SMITH, ANGELA	
STREET ADDRESS	1510 W. 11TH ST.	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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

*Capurnia Cannon*

1/5/02

(561)842-1129

FILED  
Jan 11, 2002 8:00 am  
Secretary of State

01-11-2002 90018 047 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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