

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000004380

1. Entity Name
SR. MARY FRANCIS WAITE RURAL OUTREACH, INC.



FILED

07 MAY 29 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
116 MAIN ST
BONIFAY, FL 32425

Mailing Address
P.O. BOX 1097
BONIFAY, FL 32425

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



05292007 Chg-NP CR2E037 (12/06)

4. FEI Number
03-0555380

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, BARBARA L
116 MAIN ST
BONIFAY, FL 32425

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. 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

Filing Fee is \$61.25
Due by September 14, 2007

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 P
NAME SCHUBATIS, JERRY
STREET ADDRESS 1012 S. WEEKS STREET
CITY-ST-ZIP BONIFAY, FL 32425 ☒ Delete

TITLE T
NAME ANDERSON, BARBARA
STREET ADDRESS 2508 COMET LANE
CITY-ST-ZIP BONIFAY, FL 32425 ☐ Delete

TITLE S
NAME RUSS, MELANIE
STREET ADDRESS 2030 MIDYETTE RD
CITY-ST-ZIP TALLAHASSEE, FL 32301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700103892897
06/05/07--01010--007 **61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #