

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P27684** (0)

1. Corporation Name

THE WAY OUT YOUTH OUTREACH, INC.

Principal Place of Business

Mailing Address

**198 FARMBROOK RD
PORT ORANGE FL 32127
US**

**POST OFFICE BOX 290892
DAYTONA BEACH FL 32129-0892
US**



2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28
22 City & State	27	28 City & State	29
23 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 01/11/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 73-1029293	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STOFFER, LORIN E.
198 FARMBROOK RD.
PORT ORANGE FL 32127**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOFFER, LORIN E.	1.2 NAME	
STREET ADDRESS	198 FARMBROOK RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOFFER, MELODY J	2.2 NAME	
STREET ADDRESS	198 FARMBROOK RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOFFER, MARSHA K.	3.2 NAME	
STREET ADDRESS	198 FARMBROOK RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Marsha K. Stoffer* Marsha K Stoffer - 3-14-97 2:14 PM 3/14/97

CP2E037 (9/96)