


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 760280</b> 1. Entity Name <b>COMMITTEE ORGANIZING ASSISTANCE &amp; COMMUNITY HELP FOUNDATION INC.</b>	
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Principal Place of Business <b>1331 W CASS ST TAMPA FL 33607 US</b>	Mailing Address <b>PO BOX 310747 TAMPA FL 33680-0747 US</b>
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>59-2168415</b>	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  <b>DIXON, WILLIE G. 11004 ULSTER COURT TAMPA FL 33610</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD	TITLE	
NAME	LITTLE, GERALD <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	510 NANTUCKET	STREET ADDRESS	
CITY - ST - ZIP	TEMPLE TERRACE FL	CITY - ST - ZIP	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, ANNETTE <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	303 CRAYFORD PLACE	STREET ADDRESS	
CITY - ST - ZIP	VALRICO FL	CITY - ST - ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, WILLIE G <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	11004 ULSTER COURT	STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33610	CITY - ST - ZIP	
TITLE	TD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, SHELIA <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	8700 N 50TH ST., APT. 1408	STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33617	CITY - ST - ZIP	
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, CHRISTINE <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	3612 E. MCBERRY ST.	STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33610	CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: Willie G. Dixon **Willie G. Dixon** 1/31/05 (813) 254-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #