

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005573

FILED
Jul 02, 2004
Secretary of State

Entity Name: CHILDREN'S CARE OUTREACH, INC.

Current Principal Place of Business:

1650 MARVIN STREET
LAKE WALES, FL 33859

New Principal Place of Business:

Current Mailing Address:

1650 MARVIN STREET
LAKE WALES, FL 33859

New Mailing Address:

P O BOX 2258
BARTOW, FL 33831 PK

FEI Number: 59-3666633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAYES, GLENN E
Address: 1650 MARVIN STREET
City-St-Zip: LAKE WALES, FL 33853

Title: VD () Delete
Name: HAYES, DONNA K
Address: 1650 MARVIN STREET
City-St-Zip: LAKE WALES, FL 33853

Title: S () Delete
Name: JUSTICE, JUNE
Address: 1650 MARVIN STREET
City-St-Zip: LAKE WALES, FL 33853

Title: TD () Delete
Name: HAYES, REDONNA A
Address: 1650 MARVIN STREET
City-St-Zip: LAKE WALES, FL 33853

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HAYES, GLENN E
Address: 1650 MARVIN STREET
City-St-Zip: LAKE WALES, FL 33859

Title: VD (X) Change () Addition
Name: HAYES, DONNA K
Address: 1650 MARVIN STREET
City-St-Zip: LAKE WALES, FL 33859

Title: S (X) Change () Addition
Name: BLAIR, PATTI
Address: P O BOX 332
City-St-Zip: ALTURAS, FL 33820

Title: TD (X) Change () Addition
Name: HAYES, REDONNA A
Address: 3118 MOUNTAIN LAKE CUTOFF RDAD
City-St-Zip: LAKE WALES, FL 33859

Title: BM () Change (X) Addition
Name: CONNOR, BRUCE
Address: 650 SUNSET DR
City-St-Zip: BARTOW, FL 33830

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN E HAYES

PD

07/02/2004

Electronic Signature of Signing Officer or Director

Date