

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005817

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: SHARON BOWENS INTERNATIONAL OUTREACH ENTERPRISES, INC.

**Current Principal Place of Business:**

11054 NORTH CAMPUS BOULEVARD  
JACKSONVILLE, FL 32218 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 28791  
JACKSONVILLE, FL 32226 US

**New Mailing Address:**

FEI Number: 20-0077102      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOWENS, SHARON W  
11054 NORTH CAMPUS BOULEVARD  
JACKSONVILLE, FL 32218 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: P ( ) Delete  
Name: BOWENS, SHARON W  
Address: 11054 NORTH CAMPUS BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: VP ( ) Delete  
Name: BOWENS, DENNIS J SR.  
Address: 11054 NORTH CAMPUS BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: T ( ) Delete  
Name: BOWENS, TANISHA L  
Address: P. O. BOX 28791  
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: S ( ) Delete  
Name: POOLER, ANETTEYA D  
Address: 846 CHERRY POINT WAY  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: AS ( ) Delete  
Name: BOWENS, DENNIS J JR.  
Address: 11054 N CAMPUS BLVD  
City-St-Zip: JACKSONVILLE, FL 32218 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: BOWENS, TANISHA L  
Address: P. O. BOX 29583  
City-St-Zip: WASHINGTON, DC 20017 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AS (X) Change ( ) Addition  
Name: BOWENS, DENNIS J JR.  
Address: 9439 SAN JOSE BLVD, APT. #210  
City-St-Zip: JACKSONVILLE, FL 32257 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHARON W. BOWENS

PRES

03/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date