2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# N93000000012

Entity Name: COMMUNITY OUTREACH AGENCY, INC.

Current Principal Place of Business:

1415 LASALLE STREET
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

1415 LASALLE STREET
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-6045472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEAL, RICHARD
1415 LASALLE STREET
JACKSONVILLE, FL 322073113 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:	COOPER, JOAN	
Address:	7603 COACH PARK DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32244	
Title:	VPD	( ) Delete
Name:	FUNCHESS, PENNIE	
Address:	2948 FITZGERALD STREET	
City-St-Zip:	JACKSONVILLE, FL 32254	
Title:	TD	(X) Delete
Name:	MILLAR, ANITA	
Address:	12744 MICANOPY LANE	
City-St-Zip:	JACKSONVILLE, FL 32223	
Title:	SD	( ) Delete
Name:	CHANDLER, ANITA	
Address:	2884 WESTBERRY HIDEAWAY COURT	
City-St-Zip:	JACKSONVILLE, FL 32223	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOAN COOPER PD 04/13/2005

Electronic Signature of Signing Officer or Director — Date