

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005573

FILED  
Mar 30, 2009  
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:**

P O BOX 2258  
BARTOW, FL 33831

**New Mailing Address:**

**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 33859

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

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

Title: TD ( ) Delete  
Name: HAYES, REDONNA A  
Address: 1470 E CHURCH ST  
City-St-Zip: BARTOW, FL 33830

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

**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:

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

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: DONNA K HAYES

VD

03/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date