

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005573

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** CHILDREN'S CARE OUTREACH, INC.

**Current Principal Place of Business:**

32 SIRIT LAKE RD  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

14 SPIRIT LAKE RD  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

P O BOX 776  
BARTOW, FL 338800776

**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:**

CONNER, BRUCE  
32 SIRIT LAKE RD  
WINTER HAVEN, FL 33880 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  
**Name:** CONNER, BRUCE  
**Address:** 690 COUNTRY WALK CT  
**City-St-Zip:** EAGLE, FL 33839

**Title:** VD  
**Name:** CONNER, KATHERINE L  
**Address:** 690 COUNTRY WALK CT.  
**City-St-Zip:** EAGLE LAKE, FL 33839

**Title:** BM  
**Name:** CONNER, BRUCE  
**Address:** 650 SUNSET DR  
**City-St-Zip:** BARTOW, FL 33830

I hereby 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 all other like empowered.

**SIGNATURE:** BRUCE CONNER

PRES

04/30/2012

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

\_\_\_\_\_  
Date