

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002452

Entity Name: COMMUNITY OUTREACH YOUTH PROGRAM, INC.**Current Principal Place of Business:**2017 AVEUNE D
FORT PIERCE, FL 34950**Current Mailing Address:**PO BOX 1867
FORT PIERCE, FL 34954 US**FEI Number: 71-1032595****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JORDAN, KAREN R
1600 SAN DIEGO AVENUE
FORT PIERCE, FL 34946 US*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

Officer/Director Detail :

Title PD
Name MAYNARD, ANTHONY
Address 122 NW WILLOW GROVE AVE
City-State-Zip: PORT ST. LUCIE FL 34946

Title D, DIRECTOR
Name WEBB, BARBARA
Address 1017 JAMAICA AVENUE
City-State-Zip: FORT PIERCE FL 34982

Title D
Name HURST, NATHAN
Address 813 N. 10TH ST.
City-State-Zip: FORT PIERCE FL 34950

Title D
Name BARON, DANIELLE
Address 1456 NE OCEAN BLVD., BLDG 201
City-State-Zip: STUART FL 34996

Title D
Name JORDAN, JAKEEM J
Address 1600 SAN DIEGO AVENUE
City-State-Zip: FORT PIERCE FL 34946

Title VP
Name HANDY, CHERYL
Address 8650 PINE MARTIN LANE
City-State-Zip: FORT PIERCE FL 34947

Title S, SECRETARY
Name MOORE, ALICIA
Address 6849 NW JORGENSEN RD
City-State-Zip: PORT ST. LUCIE FL 34983

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: ANTHONY MAYNARD**PRESIDENT****02/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date