# 2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N07000002452

Entity Name: COMMUNITY OUTREACH YOUTH PROGRAM, INC.

FILED
Jul 24, 2014
Secretary of State
CC3314279079

#### **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 PRESIDENT Title VP

Name BROCKINGTON II, HUGH F. DR. Name WILCOX, SYLVESTER

Address P.O. BOX 1998 Address 402 DUSK WAY

City-State-Zip: UMATILLA FL 32784 City-State-Zip: FORT PIERCE FL 34945

Title D Title SECRETARY

Name ROLLE, LAJARVIS Name MOORE, ALICIA

Address 1402 REYNOLDS COURT Address 6849 NW JORGENSEN RD

City-State-Zip: FORT PIERCE FL 34950 City-State-Zip: PORT ST. LUCIE FL 34983

Title TREASURER

Name ROBINSON, SHARON
Address 2906 ZORA NEALE DRIVE
City-State-Zip: FORT PIERCE FL 34947

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: DR. HUGH F. BROCKINGTON II

**PRESIDENT** 

07/24/2014