2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2004
Secretary of State

DOCUMENT# 718024

Entity Name: COMMUNITY OUT-REACH SERVICES, INC.

Current Principal Place of Business:

245 S. AMELIA AVE.
DELAND, FL 32724 US

New Principal Place of Business:

Current Mailing Address:

245 S. AMELIA AVE.
DELAND, FL 32724 US

New Mailing Address:

FEI Number: 23-7068975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEGNER, STEVEN P.
245 S. AMELIA AVE.
DELAND, FL 32724 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:	P	( ) Delete
Name:	JENKINS, E. GARTH	
Address:	3097 WISPER BIRD	
City-St-Zip:	UMATILLA, FL 32784	
Title:	D	( ) Delete
Name:	SIMMONS, JOHN	
Address:	204 S RIDGEWOOD	
City-St-Zip:	DELAND, FL 32720	
Title:	S	( ) Delete
Name:	MENDEZ-MIX, ARLENE	
Address:	2630 BEAVER DR	
City-St-Zip:	DELTONA, FL 32725	
Title:	D	( ) Delete
Name:	SEGNER, STEVEN, P,	
Address:	1737 LOUISIANA RD	
City-St-Zip:	S DAYTONA, FL	
Title:	VP	( ) Delete
Name:	STANTON, JOHN	
Address:	PO BOX3062	
City-St-Zip:	DELAND, FL 32720	
Title:	T	( ) Delete
Name:	DOUGHERTY, FRANK	
Address:	126 SOUTH HULL AVE	
City-St-Zip:	DELAND, FL 32724	

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:	
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: STEVEN P. SEGNER D 06/30/2004

Electronic Signature of Signing Officer or Director — Date