2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#718024

Apr 23, 2009 Secretary of State

Entity Name: COMMUNITY OUT-REACH SERVICES, INC.

US

Current Principal Place of Business: New Principal Place of Business:

245 S. AMELIA AVE. DELAND, FL 32724

Current Mailing Address: New Mailing Address:

245 S. AMELIA AVE. DELAND, FL 32724 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EPLEY CARL INTERIM CEO VANGELDER, STEVEN DR 245 S. AMELIA AVE. 245 S. AMELIA AVE. DELAND, FL 32724 DELAND, FL 32724 US 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: DR. STEVEN VANGELDER 04/23/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete SIMMONS, JOHN SIMMONS, JOHN MR Name: Name: 208 S. RIDGEWOOD AVE Address: 208 S. RIDGEWOOD AVE Address:

City-St-Zip: DELAND, FL 32720 City-St-Zip: DELAND, FL 32720

Title: () Delete Title: (X) Change () Addition Name: LERNER, SHARON Name: ERVIN, LIZ MS

Address: 925 ISLAND GROVE Address: 17 SUNSHINE BLVD. City-St-Zip: DELAND, FL 32724 City-St-Zip: DELAND, FL 32724

Title: () Delete Title: SEC (X) Change () Addition BRYANT, BETH ANN KILLEBREW, KELLIE MS Name: Name: 763 GAUCHO CIRCLE 320 WOODLAND BLVD., SUITE A Address: Address: City-St-Zip: DELTONA, FL 32725 City-St-Zip: DELAND, FL 32720

Title: () Delete Title: TREA () Change (X) Addition Name: Name: CHANCE, TERRY MR

Address: Address: 325 N. HILL AVENUE, #E City-St-Zip: City-St-Zip: DELAND, FL 32724

Title: () Delete Title: () Change (X) Addition VANGELDER, STEVEN C DR Name: Name: 245 S. AMELIA AVENUE Address: Address: DELAND, FL 32724 City-St-Zip: 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: DR. STEVEN C. VANGELDER ED 04/23/2009