2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 03, 2009
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:

VANGELDER, STEVEN DR
245 S. AMELIA AVE.
DELAND, FL 32724 US

Name and Address of New Registered Agent:

EPLEY, CARL R MR.
245 S. AMELIA AVE.
DELAND, FL 32724 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: CARL R. EPLEY 08/03/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SIMMONS, JOHN MR
Address: 208 S. RIDGEWOOD AVE
City-St-Zip: DELAND, FL 32720

Title: VP ( ) Delete
Name: ERVIN, LIZ MS
Address: 17 SUNSHINE BLVD.
City-St-Zip: DELAND, FL 32724

Title: SEC ( ) Delete
Name: KILLEBREW, KELLIE MS
Address: 320 WOODLAND BLVD., SUITE A
City-St-Zip: DELAND, FL 32720

Title: TREA ( ) Delete
Name: CHANCE, TERRY MR
Address: 325 N. HILL AVENUE, #E
City-St-Zip: DELAND, FL 32724

Title: ED ( ) Delete
Name: VANGELDER, STEVEN C DR
Address: 245 S. AMELIA AVENUE
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: BRYANT, ELIZABETH A MS
Address: 763 GAUCHO CIRCLE
City-St-Zip: DELTONA, FL 32724

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ED (X) Change ( ) Addition
Name: EPLEY, CARL R MR
Address: 245 S. AMELIA AVENUE
City-St-Zip: DELAND, FL 32724

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: MR. JOHN SIMMONS P 08/03/2009
Electronic Signature of Signing Officer or Director Date