

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 03, 2003 8:00 am
Secretary of State

07-03-2003 90031 016 ****61.25

DOCUMENT # 718024

1. Entity Name

COMMUNITY OUT-REACH SERVICES, INC.



Principal Place of Business

**245 S. AMELIA AVE.
DELAND FL 32724
US**

Mailing Address

**245 S. AMELIA AVE.
DELAND FL 32724
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7068975**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEGNER, STEVEN P.
245 S. AMELIA AVE.
DELAND FL 32724**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **JENKINS, E. GORTH**
STREET ADDRESS **30978 WHISPER BLVD**
CITY-ST-ZIP **DELAND FL 32724-8289**

TITLE **P** ☒ Change ☐ Addition
NAME **Jenkins, E Gorth**
STREET ADDRESS **3097 Whisper Blvd**
CITY-ST-ZIP **DeLand FL 32724 8289**

TITLE **D** ☐ Delete
NAME **SIMMONS, JOHN**
STREET ADDRESS **204 S RIDGEWOOD**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **D** ☐ Change ☐ Addition
NAME **SIMMONS, JOHN**
STREET ADDRESS **204 S RIDGEWOOD**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **S** ☐ Delete
NAME **MENDEZ-MIX, ARLENE**
STREET ADDRESS **2630 BEAVER DR**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **S** ☐ Change ☐ Addition
NAME **MENDEZ-MIX, ARLENE**
STREET ADDRESS **2630 BEAVER DR**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **D** ☐ Delete
NAME **SEGNER, STEVEN, P**
STREET ADDRESS **1737 LOUISIANA RD**
CITY-ST-ZIP **S DAYTONA FL**

TITLE **D** ☐ Change ☐ Addition
NAME **SEGNER, STEVEN, P**
STREET ADDRESS **1737 LOUISIANA RD**
CITY-ST-ZIP **S DAYTONA FL**

TITLE **VP** ☐ Delete
NAME **STONTON, JOHN**
STREET ADDRESS **PO BOX 3062**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **VP** ☒ Change ☐ Addition
NAME **Stanton, John**
STREET ADDRESS **PO Box 3062**
CITY-ST-ZIP **DeLand, FL 32720**

TITLE **T** ☐ Delete
NAME **DOUGHERTY, FRANK**
STREET ADDRESS **126 SOUTH HULL AVE**
CITY-ST-ZIP **DELAND FL 32724**

TITLE **T** ☐ Change ☐ Addition
NAME **DOUGHERTY, FRANK**
STREET ADDRESS **126 SOUTH HULL AVE**
CITY-ST-ZIP **DELAND FL 32724**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature of Steven P. Segner* **STEVEN P. SEGNER** 6/25/03 3867360420
8109

CR2E037 (10/02)