

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751569

FILED
Jan 05, 2007
Secretary of State

Entity Name: COMMUNITY OUTREACH OF NORTH MIAMI BEACH INC.

Current Principal Place of Business:

16901 NORTHEAST 19TH AVE
NORTH MIAMI BEACH, FL 331623112 US

New Principal Place of Business:

Current Mailing Address:

16901 NORTHEAST 19TH AVE
NORTH MIAMI BEACH, FL 331623112 US

New Mailing Address:

FEI Number: 59-2013576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARNEY, TOM
16901 NE 19TH AVE
N MIAMI BCH, FL 33162 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: PD () Delete
Name: CARNEY, TOM
Address: 16901 NE 19 AVE
City-St-Zip: N MIAMI BCH, FL 33162

Title: SD () Delete
Name: MAGILL, ALICE
Address: 16901 NE 19 AVE
City-St-Zip: N MIAMI BCH, FL 33162

Title: TD () Delete
Name: BAVER, WAYNE
Address: 16901 NE 19 AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS CARNEY

PD

01/05/2007

Electronic Signature of Signing Officer or Director

_____ Date