2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760325

FILED Jan 31, 2009 Secretary of State

Entity Name: SEAMAN'S OUTREACH SERVICES, INC.

US

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

230 E POPLAR ST. MT. AIRY, NC 27030

Current Mailing Address: New Mailing Address:

230 E POPLAR ST.

MT. AIRY, NC 27030 US

FEI Number: 59-2263586 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:

TAYLOR, MARIE P TAYLOR, ROBERT M 901 SW 128 AVE APT 113E 3560 N BAY HOMES DR

PEMBROKE PINES, FL 33027 US COCONUT GROVE, FL 33133 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: ROBERT M TAYLOR 01/31/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: () Change () Addition

 Name:
 TAYLOR, NANCY C
 Name:

 Address:
 230 EAST POPLAR ST
 Address:

 City-St-Zip:
 MOUNT AIRY, NC 27030
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 GRAY, THERESA
 Name:

 Address:
 1713 WINBURY DR
 Address:

 City-St-Zip:
 MIDLOTHIAN, VA 23114
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 TAYLOR, ROBERT M
 Name:
 TAYLOR, MARIE P

 Address:
 3560 N. BAY HOMES DR.
 Address:
 214 E POPLAR ST

 City-St-Zip:
 COCONUT GROVE, FL 33133
 City-St-Zip:
 MT AIRY, NC 27030

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: NANCY C TAYLOR PTD 01/31/2009