

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767885

FILED
Feb 17, 2009
Secretary of State

Entity Name: SOUTHERN OUTREACH SERVICES AND CLUB Y.A.N.A., INC.

Current Principal Place of Business:

SOUTHERN OUTREACH INC.
111 HOWES ST.
ALLANDALE, FL 32127

New Principal Place of Business:

Current Mailing Address:

111 HOWES STREET
ALLANDALE, FL 321275472

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWKLEY, ART
414 JEFFERSON AVE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

BOWKLEY, ART
111 HOWES ST
PORT ORANGE, FL 32127 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:

02/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITEHOUSE, HERB
Address: 5412 LANDIS AVE.
City-St-Zip: PORT ORANGE, FL 32127

Title: C () Delete
Name: SHAW, JACQUES
Address: 1039 BECKMAN DR.
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D () Delete
Name: PATRICK, DONALD L
Address: 102 HICKORY LANE
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: BOWKLEY, ART
Address: 111 HOWES ST
City-St-Zip: PORT ORANGE, FL 32127

Title: VC (X) Change () Addition
Name: SHAW, JACQUES
Address: 1039 BECKMAN DR.
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D (X) Change () Addition
Name: MCCLOSKEY, LYNNE A
Address: 5230 'B' ISABELLE AVE
City-St-Zip: PORT ORANGE, FL 32127

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: LYNNE MCCLOSKEY

D

02/17/2009

Electronic Signature of Signing Officer or Director

Date