## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000006498

FILED May 29, 2006 Secretary of State

Entity Name: H.E.A.D. COMMUNITY OUTREACH CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 235 SATTERWHITE ST WHITMIRE, SC 29178 **Current Mailing Address: New Mailing Address:** 1715 MERCY DRIVE P.O. BOX 203 APT. #102 WHITMIRE, SC 29178 ORLANDO, FL 32808 FEI Number: 81-0569040 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCOTT, GUANZELLA C 1715 MÉRCY DR., APT. #102 ORLANDO, FL 32808 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition SCOTT, WILLIE JR Name: Name: Address: 265 SANDSPUR ROAD Address: City-St-Zip: PELION, SC 29123 City-St-Zip: Title: () Delete Title: () Change () Addition JETER, EDWARD Name: Name: Address: 79 CALHOUN ST Address: City-St-Zip: WHITMIRE, SC 29178 City-St-Zip: Title: () Delete Title: () Change () Addition CLARK, BESSIE Name: Name: 605 DUCKETT AVE. Address: Address: City-St-Zip: WHITMIRE, SC 29123 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: SCOTT, SYLVIA J Name: 265 SANDSPUR ROAD Address: Address: City-St-Zip: PELION, SC 29123 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: WILLIE SCOTT JR. PRES 05/29/2006