

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000761

FILED
Jun 30, 2009
Secretary of State

Entity Name: UNIVERSITY DELIVERANCE OUTREACH PROGRAMS, INC.

Current Principal Place of Business:

5808 N.40TH ST.
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

5035 KNOLLWOOD PL
TAMPA, FL 33617

New Mailing Address:

5031 KNOLLWOOD PL
TAMPA, FL 33617

FEI Number: 59-3623606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

WHITEHEAD, DARRYL
5035 KNOLLWOOD PL
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

WHITEHEAD, DARRYL
5031 KNOLLWOOD PL
TAMPA, FL 33617 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: DARRYL WHITEHEAD

06/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHITEHEAD, DARRYL APOSTLE
Address: 5035 KNOLLWOOD PL
City-St-Zip: TAMPA, FL 33617

Title: SD () Delete
Name: WHITEHEAD, SHEARON PROPHET
Address: 5035 KNOLLWOOD PL
City-St-Zip: TAMPA, FL 33617

Title: TD () Delete
Name: JONES, ERICA S
Address: 4436 PERCH STREET
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WHITEHEAD, DARRYL APOSTLE
Address: 5031 KNOLLWOOD PL
City-St-Zip: TAMPA, FL 33617

Title: SD (X) Change () Addition
Name: WHITEHEAD, SHEARON PROPHET
Address: 5031 KNOLLWOOD PL
City-St-Zip: TAMPA, FL 33617

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DARRYL WHITEHEAD

PD

06/30/2009

Electronic Signature of Signing Officer or Director

Date