

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003510

FILED
Apr 19, 2005
Secretary of State

Entity Name: CIRCLE OF LOVE OUTREACH FELLOWSHIP, INC.

Current Principal Place of Business:

649 NW 22 RD
ONE
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

2501 PANTHER LANE
FT. LAUDERDALE, FL 33311

Current Mailing Address:

1407 NW 19 AVE
FT. LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 65-1007230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANKERSON, TAWANA
6260 S. FALLS CIRCLE DR
#109
FORT LAUDERDALE, FL 33319 US

Name and Address of New Registered Agent:

HANKERSON, TAWANA
6260 S. FALLS CIRCLE DR
#109
LAUDERHILL, FL 33319 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: TAWANA HANKERSON

04/19/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCCOGGLE, DEBORAH J
Address: 1407 NW 19TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: VT () Delete
Name: MCCOGGLE, CARL
Address: 1407 NW 19TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: ST () Delete
Name: SMITH, SHAWANA
Address: 3241 NW 19TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MCCOGGLE, DEBORAH A
Address: 1407 NW 19TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33311

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 Section 119.07(3)(i), 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: DEBORAH MCCOGGLE

DP

04/19/2005

Electronic Signature of Signing Officer or Director

Date