

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003510

FILED  
Jun 18, 2007  
Secretary of State

Entity Name: CIRCLE OF LOVE OUTREACH FELLOWSHIP, INC.

## Current Principal Place of Business:

649 NW 22ND ROAD  
3  
FT. LAUDERDALE, FL 33311

## New Principal Place of Business:

## 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 ( )  
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:

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

## Name and Address of New Registered Agent:

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:

Title: DP      ( ) Delete  
Name: MCCOGGLE, DEBORAH A  
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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: TAWANA HANKERSON

ST

06/18/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date