2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# N00000005494

Entity Name: M & A COMMUNITY OUTREACH CENTER, INC.

Current Principal Place of Business:

636 MUSCOGEE ROAD
CANTONMENT, FL 32513

New Principal Place of Business:

Current Mailing Address:

1422 NORTH 7TH AVENUE
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-3663189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROWN, DOROTHY M
1422 NORTH 7TH AVE
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

BROWN, DOROTHY M
1422 NORTH 7TH AVE.
PENSACOLA, FL 32513 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: _____ 03/25/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BROWN, DOROTHY
Address: 1422 NORTH 7TH AVE
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete
Name: ADELL, CYNTHIA C
Address: PO BOX 17693
City-St-Zip: PENSACOLA, FL 32522

Title: S ( ) Delete
Name: KIRKLAND, LINDA M
Address: 511 WEST DR SOTA STREET
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete
Name: MALLORY, BARBARA
Address: 500 WEST AVERY STREET
City-St-Zip: PENSACOLA, FL 32501

Title: T ( ) Delete
Name: MCNEAL, SANDRA
Address: 119-A ROBINSON STREET
City-St-Zip: CANTONMENT, FL 32533

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:

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: DOROTHY BROWN DR. 03/25/2008
Electronic Signature of Signing Officer or Director — Date