

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005494

FILED
Feb 11, 2009
Secretary of State

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

Current Principal Place of Business:

636 MUSCOGEE ROAD
CANTONMENT, FL 32513

New Principal Place of Business:

3300 NORTH PACE BLVD, SUITE 505
PENSACOLA, FL 32501

Current Mailing Address:

1422 NORTH 7TH AVENUE
PENSACOLA, FL 32503

New Mailing Address:

P. O. BOX 2071
PENSACOLA, FL 32513

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 32513 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: 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

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: M () Change (X) Addition
Name: DAVIS, KIMBERLY
Address: 822 BOOKER AVE.
City-St-Zip: CANTONMENT, FL 32533

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.

02/11/2009

Electronic Signature of Signing Officer or Director

Date