

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005494

FILED  
Feb 09, 2011  
Secretary of State

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

**Current Principal Place of Business:**

3300 NORTH PACE BLVD, SUITE 505  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 2071  
PENSACOLA, FL 32513

**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:**

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  
Name: BROWN, DOROTHY  
Address: 1422 NORTH 7TH AVE  
City-St-Zip: PENSACOLA, FL 32503

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

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

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

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

Title: M  
Name: DAVIS, KIMBERLY  
Address: 822 BOOKER AVE.  
City-St-Zip: CANTONMENT, FL 32533

I hereby 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 all other like empowered.

SIGNATURE: DOROTHY BROWN

DIRE

02/09/2011

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

\_\_\_\_\_  
Date