2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007
Secretary of State

DOCUMENT# N00000005573

Entity Name: CHILDREN'S CARE OUTREACH, INC.

Current Principal Place of Business:

1650 MARVIN STREET
LAKE WALES, FL 33859

New Principal Place of Business:

Current Mailing Address:

P O BOX 2258
BARTOW, FL 33831

New Mailing Address:

FEI Number: 59-3666633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: PD ( ) Delete
Name: HAYES, GLENN E
Address: 1650 MARVIN STREET
City-St-Zip: LAKE WALES, FL 33859

Title: VD ( ) Delete
Name: HAYES, DONNA K
Address: 1650 MARVIN STREET
City-St-Zip: LAKE WALES, FL 33859

Title: S ( ) Delete
Name: BLAIR, PATTI
Address: P O BOX 332
City-St-Zip: ALTURAS, FL 33820

Title: TD ( ) Delete
Name: HAYES, REDONNA A
Address: 1470 E CHURCH ST
City-St-Zip: BARTOW, FL 33830

Title: BM ( ) Delete
Name: CONNOR, BRUCE
Address: 650 SUNSET DR
City-St-Zip: BARTOW, FL 33830

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 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: DONNA K HAYES VD 01/29/2007
Electronic Signature of Signing Officer or Director — Date