

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000005573

1. Entity Name
CHILDREN'S CARE OUTREACH, INC.



Principal Place of Business
**1650 MARVIN STREET
LAKE WALES, FL 33859**

Mailing Address
**P O BOX 2258
BARTOW, FL 33831**



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3666633

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000783515
01/16/08-80018-003 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HAYES, GLENN E
STREET ADDRESS 1650 MARVIN STREET
CITY-ST-ZIP LAKE WALES, FL 33859

TITLE VD
NAME HAYES, DONNA K
STREET ADDRESS 1650 MARVIN STREET
CITY-ST-ZIP LAKE WALES, FL 33859

TITLE S
NAME BLAIR, PATTI
STREET ADDRESS P O BOX 332
CITY-ST-ZIP ALTURAS, FL 33820

TITLE TD
NAME HAYES, REDONNA A
STREET ADDRESS 1470 E CHURCH ST
CITY-ST-ZIP BARTOW, FL 33830

TITLE BM
NAME CONNOR, BRUCE
STREET ADDRESS 650 SUNSET DR
CITY-ST-ZIP BARTOW, FL 33830

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna Hayes - Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08 (863) 678-1231
Date Daytime Phone #