

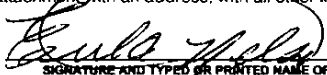


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90017 017 \*\*\*\*61.25

<b>DOCUMENT # N01000000241</b>					
<b>1. Entity Name</b> SENIOR CITIZENS OUTREACH THAT CARES, ACTIVITIES CENTER, INC.					
<b>Principal Place of Business</b> 1631 NW 38TH AVE FT LAUDERDALE, FL 33313			<b>Mailing Address</b> 1631 NW 38TH AVE FORT LAUDERDALE, FL 33313		
<b>2. Principal Place of Business - No P.O. Box #</b> 115 NE 3rd ST Suite, Apt. #, etc.		<b>3. Mailing Address</b> 115 NE 3rd ST Suite, Apt. #, etc.			
<b>City &amp; State</b> POMPANO BCH FL		<b>City &amp; State</b> POMPANO BCH FL		<b>4. FEI Number</b> 65-0939490	
<b>Zip</b> 33060		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> NELSON, EULA 3961 NW 34TH AVENUE LAUDERDALE LAKES, FL 33309			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DP KEMP, OTIS 3910 NW 177TH ST OPA LOCKA, FL 33055			<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D VANREIL, KARL 7607 NW 40TH ST CORAL SPRINGS, FL 33065			<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D NELSON, EULA 3961 NW 34TH AVE LAUDERDALE LAKES, FL 33309			<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D STOKES, HOWARD 1441 NW 5TH AVE FORT LAUDERDALE, FL 33311			<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 		Eula Nelson		1-9-08 954-309-4280	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	