2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000241

FILED Jan 12, 2009 Secretary of State

Entity Name: SENIOR CITIZENS OUTREACH THAT CARES, ACTIVITIES CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 115 NE 3RD ST POMPANO BEACH, FL 33060 **Current Mailing Address: New Mailing Address:** 115 NE 3RD ST POMPANO BEACH, FL 33060 FEI Number: 65-0939490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NELSON, EULA NELSON, EULA 1321 NW 43RD AVENUE 3961 NW 34TH AVENUE LAUDERDALE LAKES, FL 33309 LAUDERHILL, FL 33313 US US 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: 01/12/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition () Delete KEMP, OTIS Name: Name: Address: 3910 NW 177TH ST Address: City-St-Zip: OPA LOCKA, FL 33055 City-St-Zip: Title: Title: () Delete () Change () Addition Name: VANREIL, KARL Name: Address: 7607 NW 40TH ST Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: () Delete Title: (X) Change () Addition NELSON, EULA Name: NELSON, EULA Name: 3961 NW 34TH AVE 1321 NW 43RD AVENUE # 104 Address: Address: City-St-Zip: LAUDERDALE LAKES, FL 33309 City-St-Zip: LAUDERHILL, FL 33313 Title: () Delete Title: () Change () Addition Name: STOKES, HOWARD Name: Address: 1441 NW 5TH AVE Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip:

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: EULA NELSON D 01/12/2009