

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002796

FILED  
Feb 22, 2006  
Secretary of State

**Entity Name:** COMMUNITY OUTREACH RESOURCES, INC.

**Current Principal Place of Business:**

956 W. HAL MCRAE BLVD.  
AVON PARK, FL 33825

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 6915  
AVON PARK, FL 328259999

**New Mailing Address:**

**FEI Number:** 59-3714447

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, THOMAS J SR.  
956 W. HAL MCRAE BLVD.  
AVON PARK, FL 33825 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: P ( ) Delete  
Name: BROWN, SR., THOMAS J  
Address: 1407 SELPH AVE.  
City-St-Zip: AVON PARK, FL 33825

Title: V ( ) Delete  
Name: WILSON, ERIC O  
Address: 4609 SAND WEDGE WAY  
City-St-Zip: SEBRING, FL 33872

Title: S ( ) Delete  
Name: WILSON, ALENCIA  
Address: 4609 SANDWEDGE WAY  
City-St-Zip: SEBRING, FL 33872

Title: T ( ) Delete  
Name: JONES, LORENZO M  
Address: 2940 N BUCKINGHAM RD.  
City-St-Zip: AVON PARK, FL 33825

Title: D ( ) Delete  
Name: HAMILTON, JUDY  
Address: 201 E. SHORT ST.  
City-St-Zip: AVON PARK, FL 33825

Title: D ( ) Delete  
Name: MIXON, GILDA R  
Address: 2280 N. AVON BLVD  
City-St-Zip: AVON PARK, FL 33825

**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:

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: ERIC O WILSON

V

02/22/2006

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

\_\_\_\_\_  
Date