


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000006786
 1. Entity Name
 INDIANTOWN COMMUNITY OUTREACH, INC.



Principal Place of Business: 14971 S.W. INDIAN AVENUE, INDIANTOWN, FL 34956
 Mailing Address: 14971 S.W. INDIAN AVENUE, INDIANTOWN, FL 34956

DO NOT WRITE IN THIS SPACE



04232004 No Chg-NP CR2E037 (10/03)

4. FEI Number: 30-0033778
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CLARKE, JACQUELINE L
 14971 S.W. INDIAN AVENUE
 INDIANTOWN, FL 34956

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	CLARKE, JACQUELINE L
STREET ADDRESS	14971 S.W. INDIAN AVENUE
CITY-ST-ZIP	INDIANTOWN, FL 34956
TITLE	VD
NAME	MOORE, LORRIANE
STREET ADDRESS	14721 S.W. 175TH COURT
CITY-ST-ZIP	INDIANTOWN, FL 34956
TITLE	SD
NAME	PARKS, PANDORA
STREET ADDRESS	907 EAST NINTH STREET
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000149817
 05/03/04-80202-010 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the empowered.

SIGNATURE: *Jacqueline L Clarke* *Jacqueline L. Clarke President* 4/23/04 772-221-4037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #