

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

FILED

05 NOV 28 PM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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REINSTATEMENT

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

Jacqueline L. Clarke PTD

(NOTE: Registered agent signature required when reinstating)

DATE

10/16/05

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
CLARKE, JACQUELINE L
14971 S.W. INDIAN AVENUE
INDIANTOWN, FL 34956

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MOORE, LORRIANE
14721 S.W. 175TH COURT
INDIANTOWN, FL 34956

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PARKS, PANDORA
907 EAST NINTH STREET
STUART, FL 34994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800060457048
10/10/05--01072--017 **70.00

800060457048
11/07/05--01006--009 **175.00

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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 like empowered.

SIGNATURE:

Jacqueline L. Clarke President

DATE

10/2/05

Daytime Phone #

772-260-4325