


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 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
---	---



04052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0033778	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000531457 05/08/06-80044-021 61.25
---	--	--

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	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Jacqueline L Clarke 4/20/06 772-214-5511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #