2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N01000006786

Entity Name: INDIANTOWN COMMUNITY OUTREACH, INC.

Current Principal Place of Business:

15516 SW OSCEOLA ST.
SUITE B
INDIANTOWN, FL 34956

New Principal Place of Business:

Current Mailing Address:

PO BOX 1696
INDIANTOWN, FL 34956

New Mailing Address:

FEI Number: 30-0033778 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLARKE, JACQUELINE L
14971 S.W. INDIAN AVENUE
INDIANTOWN, FL 34956 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:	DCEO	( ) Delete
Name:	CLARKE, JACQUELINE L	
Address:	14971 S.W. INDIAN AVENUE	
City-St-Zip:	INDIANTOWN, FL 34956	
Title:	DT	( ) Delete
Name:	MOORE, LORRIANE	
Address:	14721 S.W. 175TH COURT	
City-St-Zip:	INDIANTOWN, FL 34956	
Title:	SD	( ) Delete
Name:	PARKS, PANDORA	
Address:	907 EAST NINTH STREET	
City-St-Zip:	STUART, FL 34994	
Title:	PD	( ) Delete
Name:	DELPINO, VIC-VAZ	
Address:	1934 SE GASKIN CIR.	
City-St-Zip:	PORT SAINT LUCIE, FL 34952	
Title:	VPD	( ) Delete
Name:	MACAVORY, SONIA	
Address:	1526 SE ROYOL GREEN CIR. APT #102	
City-St-Zip:	PORT SAINT LUCIE, FL 34952	

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:	

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: JACQUELINE CLARKE CEO 04/30/2008

Electronic Signature of Signing Officer or Director — Date