

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006786

FILED  
Apr 19, 2009  
Secretary of State

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:

15516 SW OSCEOLA ST.  
SUITE B  
INDIANTOWN, FL 34956

FEI Number: 30-0033778

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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 (X) 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: CEO (X) Change ( ) Addition  
Name: CLARKE, JACQUELINE L  
Address: 14971 S.W. INDIAN AVENUE  
City-St-Zip: INDIANTOWN, FL 34956

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: MACAVOY, SONIA  
Address: 1526 SE ROYAL GREEN CIR. APT #102  
City-St-Zip: PORT SAINT LUCIE, FL 34952

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 L. CLARKE

CEO

04/19/2009

Electronic Signature of Signing Officer or Director

Date