

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006786

FILED  
Feb 18, 2011  
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:**

15161 SW 169TH AVE  
INDIANTOWN, FL 34956

**Current Mailing Address:**

P.O.BOX 1696  
INDIANTOWN, FL 34956 US

**New Mailing Address:**

**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: CEO  
Name: CLARKE, JACQUELINE L  
Address: 14971 S.W. INDIAN AVENUE  
City-St-Zip: INDIANTOWN, FL 34956

Title: DT  
Name: MOORE, LORRIANE  
Address: 14721 S.W. 175TH COURT  
City-St-Zip: INDIANTOWN, FL 34956

Title: SD  
Name: PARKS, PANDORA  
Address: 907 EAST NINTH STREET  
City-St-Zip: STUART, FL 34994

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

I hereby 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 all other like empowered.

SIGNATURE: JACQUELINE CLARKE

CEO

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date