

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

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000006029**

1. Entity Name  
**COMMUNITY OUTREACH AND RESTORATION CENTER INC.**



Principal Place of Business <b>1535 7TH AVE E. BRADENTON, FL 34208</b>	Mailing Address <b>502 5TH AVE. DR. E. BRADENTON, FL 34208</b>
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**DO NOT WRITE IN THIS SPACE**



04302006 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCDONALD, DEXTER N  
758 GATES CREEK RD  
BRADENTON, FL 34202**

**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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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	P MCDONALD, DEXTER N 758 GATES CREEK RD. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUTLER, ROSENA 2605 1 AVE.E PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WITTER, CONLEY 4912 26TH AVE.#E BRADENTON, FL 34208
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000562311  
05/19/06-80051-008 61.25

**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: Dexter N. McDonald 04-29-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #