## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000006029

FILED Apr 16, 2009 Secretary of State

Entity Name: COMMUNITY OUTREACH AND RESTORATION CENTER INC.

Current Principal Place of Business: New Principal Place of Business:

650 27TH STREET E

BRADENTON, FL 34208 US

Current Mailing Address: New Mailing Address:

502 5TH AVE. DR. E. BRADENTON, FL 34208

FEI Number: 42-1626222 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

MCDONALD, DEXTER N
758 GATES CREEK RD
BRADENTON, FL 34212 US

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: DEXTER MCDONALD 04/16/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P ( ) Delete Title: P (X) Change ( ) Addition

Name:MCDONALD, DEXTER NName:MCDONALD, DEXTER NAddress:758 GATES CREEK RD.Address:758 GATES CREEK RD.City-St-Zip:BRADENTON, FL 34202City-St-Zip:BRADENTON, FL 34212

Title: S () Delete Title: () Change () Addition

 Name:
 MCDONALD, HERMA W
 Name:

 Address:
 758 GATES CREEK RD
 Address:

 City-St-Zip:
 BRADENTON, FL 34212
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WITTER, CONLEY
 Name:

 Address:
 4912 26TH AVE.#E
 Address:

 City-St-Zip:
 BRADENTON, FL 34208
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

 Name:
 HUGGINS, AUTHUR
 Name:
 HUGGINS, ARTHUR

 Address:
 1011 27TH STREET, CT C
 Address:
 1011 27TH STREET CT E

 City-St-Zip:
 BRADENTON, FL 34205
 City-St-Zip:
 BRADENTON, FL 34208

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: DEXTER MCDONALD P, D 04/16/2009