2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2005
Secretary of State

DOCUMENT# N03000006205

Entity Name: THE LATMA OUTREACH & REHABILITATION CENTER, INC.

Current Principal Place of Business:

491 SW CAPTAIN BROWN RD
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

491 SW CAPTAIN BROWN RD
MADISON, FL 32340

New Mailing Address:

FEI Number: 35-2211143 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPENCER, EMILY
1218 NW PICKLE LN
MADISON, FL 32340 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: P ( ) Delete
Name: SPENCER, CARL E
Address: 1218 NW PICKLE LN
City-St-Zip: MADISON, FL 32340

Title: V ( ) Delete
Name: SPENCER, EMILY
Address: 1218 NW PICKLE LN
City-St-Zip: MADISON, FL 32340

Title: T ( ) Delete
Name: OLLIFF, NATHANIEL
Address: PO BOX 1045
City-St-Zip: MADISON, FL 32341

Title: S ( ) Delete
Name: HART, EMMA
Address: PO BOX 1045
City-St-Zip: MADISON, FL 32341

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EMILY SPENCER VPD 09/01/2005

Electronic Signature of Signing Officer or Director — Date