

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006205

FILED
Sep 17, 2009
Secretary of State

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:

Name and Address of New Registered Agent:

SPENCER, EMILY
491 SW CAPTAIN BROWN RD
MADISON, FL 32340 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPENCER, CARL E
Address: 491 SW CAPTAIN BROWN RD
City-St-Zip: MADISON, FL 32340

Title: V () Delete
Name: SPENCER, EMILY
Address: 491 SW CAPTAIN BROWN RD
City-St-Zip: MADISON, FL 32340

Title: T () Delete
Name: OLLIFF, NATHANIEL
Address: 491 SW CAPTAIN BROWN RD
City-St-Zip: MADISON, FL 32340

Title: S () Delete
Name: HART, EMMA
Address: 491 SW CAPTAIN BROWN RD
City-St-Zip: MADISON, FL 32340

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: MOORE, CARLISHA
Address: 491 SW CAPTAIN BROWN RD
City-St-Zip: MADISON, FL 32340

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

Title: C () Change (X) Addition
Name: OLLIFF, NATHANIEL
Address: 491 SW CAPTAIN BROWN ROAD
City-St-Zip: MADISON, FL 32340

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: EMILY SPENCER

V

09/17/2009

Electronic Signature of Signing Officer or Director

Date