2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# N03000010345

Entity Name: COMMUNITY OUTREACH CENTER OF EXCELLENCE, INC.

Current Principal Place of Business:

P.O. BOX 46
DAYTONA BEACH, FL 32115

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 46
DAYTONA BEACH, FL 32115

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MILTON, FREDRICK T
804 IRON HORSE ROAD
DAYTONA BEACH, FL 32114 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: D ( ) Delete
Name: MILTON, FREDRICK T
Address: P.O. BOX 46
City-St-Zip: DAYTONA BEACH, FL 32115

Title: D ( ) Delete
Name: PLOUMIS-DEVICK, EVELYN
Address: P.O. BOX 46
City-St-Zip: DAYTONA BEACH, FL 32115

Title: D ( ) Delete
Name: JEFFRIES, MAYME S
Address: P.O. BOX 46
City-St-Zip: DAYTONA BEACH, FL 32115

Title: D ( ) Delete
Name: GRAYSON, JOHN
Address: P.O. BOX 46
City-St-Zip: DAYTONA BEACH, FL 32115

Title: D ( ) Delete
Name: BLAKE, WELDON
Address: P.O. BOX 46
City-St-Zip: DAYTONA BEACH, FL 32115

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: MILTON, FREDRICK T
Address: P.O. BOX 46
City-St-Zip: DAYTONA BEACH, FL 32115

Title: DR. (X) Change ( ) Addition
Name: PLOUMIS-DEVICK, EVELYN
Address: P.O. BOX 46
City-St-Zip: DAYTONA BEACH, FL 32115

Title: DR. (X) Change ( ) Addition
Name: JEFFRIES, MAYME S
Address: P.O. BOX 46
City-St-Zip: DAYTONA BEACH, FL 32115

Title: MR. (X) Change ( ) Addition
Name: GRAYSON, JOHN
Address: P.O. BOX 46
City-St-Zip: DAYTONA BEACH, FL 32115

Title: MR. (X) Change ( ) Addition
Name: BLAKE, WELDON
Address: P.O. BOX 46
City-St-Zip: DAYTONA BEACH, FL 32115

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. FREDRICK MILTON E.D. 01/05/2007

Electronic Signature of Signing Officer or Director — Date