2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010345

FILED Jan 07, 2008 Secretary of State

Entity Name: COMMUNITY OUTREACH CENTER OF EXCELLENCE, INC.

Jurrent P	rincipal Place	OT BUSINESS:	New Principal Pl	ace of Business:
P.O. BOX 46 DAYTONA BEACH, FL 32115 Current Mailing Address:			804 IRONHORSE ROAD DAYTONA BEACH, FL 32114 New Mailing Address:	
		New Mailing Add		
P.O. BOX DAYTONA	46 A BEACH, FL 3	2115		
El Number	: 20-0410440	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired (X)
Name and	l Address of C	urrent Registered Agent:	Name and Addre	ss of New Registered Agent:
304 IROŃ DAYTONA	FREDRICK T HORSE ROAD A BEACH, FL 3		ourpose of changing its regis	tered office or registered agent, or both,
	e of Florida.		p	
SIGNATU	RE:			
	Electroni	c Signature of Registered Age	ent	Date
OFFICER	Electroni			Date NGES TO OFFICERS AND DIRECTORS
ītle: lame: \ddress:	S AND DIRECT	ORS: Delete		
DFFICER. Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	DR. () MILTON, FREDF P.O. BOX 46 DAYTONA BEAC	CORS: Delete RICK T CH, FL 32115 Delete CK, EVELYN	ADDITIONS/CHA Title: Name: Address:	NGES TO OFFICERS AND DIRECTORS
Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress:	DR. () MILTON, FREDF P.O. BOX 46 DAYTONA BEAC DR. () PLOUMIS-DEVIC P.O. BOX 46 DAYTONA BEAC	CORS: Delete RICK T CH, FL 32115 Delete CK, EVELYN CH, FL 32115 Delete ME S	ADDITIONS/CHA Title: Name: Address: City-St-Zip: Title: Name: Address:	NGES TO OFFICERS AND DIRECTORS () Change () Addition
ritle: lame: kddress: City-St-Zip: ritle: lame: kddress: City-St-Zip: ritle: lame: kddress:	DR. () MILTON, FREDF P.O. BOX 46 DAYTONA BEAC DR. () PLOUMIS-DEVIC P.O. BOX 46 DAYTONA BEAC DR. () JEFFRIES, MAY P.O. BOX 46 DAYTONA BEAC	Polete RICK T CH, FL 32115 Delete CK, EVELYN CH, FL 32115 Delete ME S CH, FL 32115 Delete N Delete N	ADDITIONS/CHA Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address: Address: Address:	() Change () Addition () Change () Addition

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: FREDRICK T. MILTON DR. 01/07/2008