

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002340

FILED  
Apr 11, 2009  
Secretary of State

Entity Name: CLIFFORD HILL COMMUNITY OUTREACH CENTER, INC.

**Current Principal Place of Business:**

1303 E. NEW ORLEANS AVE.  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3006  
PLANT CITY, FL 33563

**New Mailing Address:**

FEI Number: 20-1254337      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

DAVIS, OVIDA  
713 E MADISON ST  
PLANT CITY, FL 33563      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/T ( ) Delete  
Name: DAVIS, OVIDA  
Address: 713 E MADISON ST  
City-St-Zip: PLANT CITY, FL 33563

Title: VP/S ( ) Delete  
Name: PRIDGEN, HELEN  
Address: 713 E MADISON ST  
City-St-Zip: PLANT CITY, FL 33563

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DAVIS, OVIDA  
Address: 713 E MADISON ST  
City-St-Zip: PLANT CITY, FL 33563

Title: VP/T (X) Change ( ) Addition  
Name: PRIDGEN, HELEN  
Address: 713 E MADISON ST  
City-St-Zip: PLANT CITY, FL 33563

Title: S ( ) Change (X) Addition  
Name: NELSON, ESTHER  
Address: 1266 E. 113TH AVENUE APT. 211  
City-St-Zip: TAMPA, FL 33612 US

Title: D ( ) Change (X) Addition  
Name: HUFF, ELROY BISHOP  
Address: 2537 DAD WELDON ROAD  
City-St-Zip: DOVER, FL 33527 US

Title: D ( ) Change (X) Addition  
Name: SHIELDS, RICHARD  
Address: 1270 E. 113TH AVENUE APT. 203  
City-St-Zip: TAMPA, FL 33612 US

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: HELEN PRIDGEN

VP/T

04/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date