

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 14, 2008
Secretary of State**

DOCUMENT# N04000004048

Entity Name: LENORE'S OUTREACH SERVICES, INC.

Current Principal Place of Business:

14909 SIPLIN ROAD
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

14909 SIPLIN ROAD
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 20-1112467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

HARPE, H. M. JR.
14909 SIPLIN ROAD
WINTER GARDEN, FL 34787 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: VD () Delete
Name: HARP, LOUISE
Address: 520 DUNBAR AVENUE
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD () Delete
Name: LONG, TAMELILA
Address: 14909 SIPLIN ROAD
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: HARPE, PAMELA
Address: 14909 SIPLIN ROAD
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: RAMSURE, ORIES
Address: P.O. BOX 682-446
City-St-Zip: ORLANDO, FL 32860

Title: D () Delete
Name: HARP, EMORY
Address: 14909 SIPLIN ROAD
City-St-Zip: WINTER GARDEN, FL 34787

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: ARTHUR, SONYANETTE
Address: 1587 WOODWIND DRIVE
City-St-Zip: APOPKA, FL 32703

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

Title: D (X) Change () Addition
Name: RAMSURE, ORIES
Address: P.O. BOX 682-446
City-St-Zip: ORLANDO, FL 32868

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

Title: D () Change (X) Addition
Name: WEAVER, JEREMIAH J
Address: 2628 GRAPEVINE CREST
City-St-Zip: OCOEE, FL 34761

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: ORIES RAMSURE

OR

07/14/2008

Electronic Signature of Signing Officer or Director

Date