

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 13, 2009  
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 ( )

**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: ARTHUR, SONYANETTE  
Address: 1587 WOODWIND DRIVE  
City-St-Zip: APOPKA, FL 32703

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 32868

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

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

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

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

Title: SD (X) Change ( ) Addition  
Name: RAMSURE, ORIES J  
Address: 548 TOWNE SQUARE WAY #716  
City-St-Zip: ORLANDO, FL 32818

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

Title: D (X) Change ( ) Addition  
Name: ARTHUR, SONYANETTE  
Address: 587 WOODWIND DRIVE  
City-St-Zip: APOPKA, FL 32703

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

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

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 J RAMSURE

SD

04/13/2009

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

\_\_\_\_\_  
Date