# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 17, 2009**
**Secretary of State**

DOCUMENT# N05000002031

**Entity Name:** COMMUNITY OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

2315 TRUMAN AVE
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

2315 TRUMAN AVE
PENSACOLA, FL 32505

**New Mailing Address:**

**FEI Number: 51-0529618** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

JOHNSON, ROBERT
1636 KINSALE DR
CANTONMENT, FL 32533 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: C ( ) Delete
Name: JOHNSON, MYRTLE
Address: 1636 KINSALE DR
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete
Name: CUNNINGHAM, ROBERT
Address: 314-A S CHAST STREET
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete
Name: WASHINGTON, GLADYS
Address: 54 DRUID STREET
City-St-Zip: PENSACOLA, FL 32507

Title: S ( ) Delete
Name: STALLWORTH, MARVIN
Address: 3305 1/2 W JACKSON STREET
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete
Name: JOHNSON, ROBERT
Address: 1636 KINSALE DR
City-St-Zip: CANTONMENT, FL 32533

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

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

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

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

Title: S (X) Change ( ) Addition
Name: STALLWORTH, MARVIN
Address: 34 PATTON DRIVE APT 132
City-St-Zip: PENSACOLA, FL 32507

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: ROBERT JOHNSON RA 04/17/2009

Electronic Signature of Signing Officer or Director — Date