

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002959

FILED
Mar 03, 2009
Secretary of State

Entity Name: COMMUNITY OUTREACH MISSION, INC.

Current Principal Place of Business:

40 HINSON CIR
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

40 HINSON CIR
HAVANA, FL 32333

New Mailing Address:

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

Name and Address of Current Registered Agent:

HALL, MARJORIE
40 HINSON CIR
HAVANA, FL 32333 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 () Delete
Name: HALL, MARJORIE
Address: 40 HINSON CIR
City-St-Zip: HAVANA, FL 32333

Title: V () Delete
Name: PADEN, MAE
Address: P.O. BOX 688
City-St-Zip: GREENSBORO, FL 32330

Title: S () Delete
Name: LYNN, FAYE
Address: 508 CONYERS ST
City-St-Zip: HAVANA, FL 32333

Title: G () Delete
Name: JONES, SHANNOR
Address: 110 HINSON CIR
City-St-Zip: HAVANA, FL 32333

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HALL, MARJORIE
Address: 40 HINSON CIR
City-St-Zip: HAVANA, FL 32333 US

Title: V (X) Change () Addition
Name: PADEN, MAE
Address: P.O. BOX 688
City-St-Zip: GREENSBORO, FL 32330 US

Title: S (X) Change () Addition
Name: LYNN, FAYE
Address: 508 CONYERS ST
City-St-Zip: HAVANA, FL 32333 US

Title: G (X) Change () Addition
Name: JONES, SHANNOR
Address: 110 HINSON CIR
City-St-Zip: HAVANA, FL 32333 US

Title: COUN () Change (X) Addition
Name: JONES, GERALDINE
Address: 8609 HAVANA HIGHWAY
City-St-Zip: HAVANA, FL 32333 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: MARJORIE HALL

PRES

03/03/2009

Electronic Signature of Signing Officer or Director

Date