2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N05000003159

Entity Name: FRIENDSHIP COMMUNITY OUTREACH CENTER, INC.

Current Principal Place of Business:

29608 CAMP ROAD-LANE PARK
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 1844
TAVARES, FL 32778

New Mailing Address:

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

Name and Address of Current Registered Agent:

WATKINS, MICHAEL J
805 SUMMERALL AVE.
TAVARES, FL 32778 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: D ( ) Delete
Name: WALKER, REGINALD
Address: P.O. BOX 1102
City-St-Zip: UMATILLA, FL 32784

Title: D ( ) Delete
Name: RAHMING, SAMUEL
Address: 416 INGRAM AVE.
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete
Name: LUCAS, WILLIAM
Address: 180 RAND CT.
City-St-Zip: APOPKA, FL 32703

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:

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: MICHAEL J. WATKINS OFFI 04/01/2009

Electronic Signature of Signing Officer or Director — Date