

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008586

FILED
Apr 27, 2009
Secretary of State

Entity Name: ETM COMMUNITY OUTREACH, INC.

Current Principal Place of Business:

559 GAZETTA WAY
WEST PALM BEACH, FL 33413

New Principal Place of Business:

Current Mailing Address:

559 GAZETTA WAY
WEST PALM BEACH, FL 33413

New Mailing Address:

FEI Number: 32-0160103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOONEY, EDWINA
559 GAZETTA WAY
WEST PALM BEACH, FL 33413 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: MOONEY, EDWINA
Address: 559 GAZETTA WAY
City-St-Zip: WEST PALM BEACH, FL 33413

Title: VP () Delete
Name: WEST, AVIS T
Address: 4645 GROVE STREET
City-St-Zip: WEST PALM BEACH, FL 33415

Title: SEC () Delete
Name: MOONEY, TAMMRA P
Address: 559 GAZETTA WAY
City-St-Zip: WEST PALM BEACH, FL 33413

Title: TREA () Delete
Name: ANDERS, MONIQUE C
Address: 559 GAZETTA WAY
City-St-Zip: WEST PALM BEACH, FL 33413

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: () 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: EDWINA MOONEY

DR.

04/27/2009

Electronic Signature of Signing Officer or Director

Date