

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001288

FILED
Apr 30, 2008
Secretary of State

Entity Name: URBAN D. COMMUNITY OUTREACH, INC.

Current Principal Place of Business:

4623 DUNNIE DR
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4623 DUNNIE DR
TAMPA, FL 33614

New Mailing Address:

FEI Number: 20-4988227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTEP, MICHAEL R
111 S ATLANTIC AVE #302
ORMOND BEACH, FL 32176 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: KYLLONEN, THOMAS
Address: 4623 DUNNIE DR
City-St-Zip: TAMPA, FL 33614

Title: V () Delete
Name: DELL, JAMES
Address: 4905 34TH SOUTH UNIT #337
City-St-Zip: ST. PETE, FL 33711

Title: D () Delete
Name: YALE, JEFF
Address: 6821 W WATERS AVE
City-St-Zip: TAMPA, FL 33634

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: THOMAS KYLLONEN

P

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date