

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001291

FILED  
Jan 23, 2009  
Secretary of State

**Entity Name:** ON THE MOVE COMMUNITY OUTREACH, INC.

**Current Principal Place of Business:**

117 CAMELLIA DRIVE  
QUINCY, FL 32351

**New Principal Place of Business:**

**Current Mailing Address:**

117 CAMELLIA DRIVE  
QUINCY, FL 32351

**New Mailing Address:**

**FEI Number:** 26-2149335

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BRINSON, VALENCIA C  
117 CAMELLIA DRIVE  
QUINCY, FL 32351 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: BRINSON, VALENCIA R  
Address: 117 CAMELLIA DRIVE  
City-St-Zip: QUINCY, FL 32351

Title: VP ( ) Delete  
Name: BRINSON, WILBERT A  
Address: 117 CAMELLIA DRIVE  
City-St-Zip: QUINCY, FL 32351

Title: S ( ) Delete  
Name: OLIVER, LAURA M  
Address: 550 STATE HIGHWAY 81  
City-St-Zip: PONCE DE LEON, FL 32351

Title: T ( ) Delete  
Name: JACKSON, PATRICIA A  
Address: P. O. BOX 84  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

**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: VALENCIA R. BRINSON

PAST

01/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date