

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003868

FILED  
Jan 09, 2009  
Secretary of State

**Entity Name:** THE KATHARINE DREXEL NURSING OUTREACH, INC.

**Current Principal Place of Business:**

136 SOUTH MAIN ST.  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

900 SW AVE J  
BELLE GLADE, FL 33430

**New Mailing Address:**

**FEI Number:** 26-0281227

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURKHART, PAUL ESQ.  
800 VILLAGE SQUARE CROSSING  
SUITE 108  
PALM BEACH GARDENS, FL 33410 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: PT ( ) Delete  
Name: MEEHAN, ANNE SR.  
Address: 900 SW AVENUE J  
City-St-Zip: BELLE GLADE, FL 33430

Title: S ( ) Delete  
Name: VANBROCKLIN, GLORIA  
Address: 2693 BARCLAY ST EAST  
City-St-Zip: WEST PALM BEACH, FL 33415

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: SISTER ANNE MEEHAN

PRES

01/09/2009

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

\_\_\_\_\_  
Date