


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|--|---|---|---|--|--|
| DOCUMENT # N06000004385 1. Entity Name COMMUNITY OUTREACH DEVELOPMENT INC. | | | |  | |
| Principal Place of Business 7730 NW 2ND AVENUE MIAMI, FL 33147 | | | Mailing Address 7730 NW 2ND AVENUE MIAMI, FL 33147 | | |
| 2. Principal Place of Business - No P.O. Box # 7730 NW 2nd Ave Suite, Apt. #, etc. Miami, FL City & State | | 3. Mailing Address 7730 NW 2nd Ave Suite, Apt. #, etc. Miami, FL City & State | | | |
| Zip 33150 Country Dade | | Zip 33150 Country Dade | | 4. FEI Number APPLIED FOR 37-1523141 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 05212008 Chg-NP CR2E037 (12/06) | |
| 6. Name and Address of Current Registered Agent HOLMES, SABRINA 7730 NW 2ND AVENUE MIAMI, FL 33147 | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Sabrina Holmes</i></u> DATE <u>9/6/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ED HOLMES, SABRINA 2278 NW 98TH STREET MIAMI, FL 33147 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TATUM, ROBERTA 10361 SW 180TH STREET PERRINE, FL 33157 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PAULK, GWENDOLYN 2062 NW 104TH STREET MIAMI, FL 33147 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MURRAY, DAISY 15815 NW 40TH COURT MIAMI, FL 33054 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered. | | | | | |
| SIGNATURE: <u><i>Sabrina Holmes</i></u> | | Date: <u>9-6-08</u> | | Daytime Phone #: <u>786-426-3965</u> | |



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