

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008425

FILED
May 01, 2009
Secretary of State

Entity Name: OPERATION OUTREACH INC.

Current Principal Place of Business:

241 6TH AVENUE
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

241 6TH AVENUE
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 20-5576436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HANCOCK, ELIZABETH P DO.
241 6TH AVENUE
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

PEPE, ELIZABETH M D.O.
241 6TH AVENUE
INDIALANTIC, FL 32903 US

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: ELIZABETH M PEPE, D.O.

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HANCOCK, ELIZABETH P DO
Address: 241 6TH AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: VP () Delete
Name: PEPE-KATALINAS, STEPHANIE A
Address: 239 BRISTOL COURT
City-St-Zip: MELBOURNE, FL 32952

Title: SEC () Delete
Name: GIBSON, MARY K
Address: 2305 SHELL AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: T () Delete
Name: PEPE, HELEN E
Address: 1104 SEMINOLE DRIVE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D () Delete
Name: MARKS, JAMES
Address: 444 BLUE JAY LANE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: ELKEN, HARRIET
Address: 248 CORAL WAY EAST
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PEPE, ELIZABETH M DO
Address: 241 6TH AVENUE
City-St-Zip: INDIALANTIC, FL 32903

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: ELIZABETH M PEPE, D.O.

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date