

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008994

FILED
Apr 23, 2009
Secretary of State

Entity Name: E.S.T.H.E.R. SINGLE MOTHERS OUTREACH, INC.

Current Principal Place of Business:

400 LAKE BENNETT CT
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

400 LAKE BENNETT CT
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 20-5452600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M ESQ.
430 N MILLS AVE
ORLANDO, FL 32803 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: SWAIM, MARCI E
Address: 116 DEERSONG DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S () Delete
Name: SELLERS, KAREN
Address: 407 RUTH ST
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: DEALLIE, LONA
Address: 968 ROYAL OAKS DR
City-St-Zip: APOPKA, FL 32703

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILD, MARCI E
Address: 116 DEER SONG DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP (X) Change () Addition
Name: SELLERS, KAREN
Address: 407 RUTH ST
City-St-Zip: LONGWOOD, FL 32750

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SMITH, RITA
Address: 1209 S. PARK AVE
City-St-Zip: WINTER GARDEN, FL 32787

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: MARCI E. WILD

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date