

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008994

FILED  
Apr 30, 2010  
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  
Name: WILD, MARCI E  
Address: 116 DEER SONG DR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP  
Name: SELLERS, KAREN  
Address: 407 RUTH ST  
City-St-Zip: LONGWOOD, FL 32750

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

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

Title: S  
Name: MEURER, BARBARA  
Address: 863 WINDCREST PLACE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D  
Name: HORVATH, ALLEN  
Address: 938 CHAUNCEY CT  
City-St-Zip: OCOEE, FL 34761

I hereby 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 all other like empowered.

SIGNATURE: MARCI E WILD

D

04/30/2010

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

\_\_\_\_\_  
Date