2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2009
Secretary of State

DOCUMENT# N06000010024

Entity Name: FAMILY AND COMMUNITY OUTREACH COMMITTEE INC.

Current Principal Place of Business:

4116 JACKSON COMMUNITY RD
VERNON, FL 32462

New Principal Place of Business:

Current Mailing Address:

4116 JACKSON COMMUNITY RD
VERNON, FL 32462

New Mailing Address:

FEI Number: 20-8896320 **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:

DOYLE, ODIS
4116 JACKSON COMMUNITY RD
VERNON, FL 32462 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: DOYLE, ODIS
Address: 4116 JACKSON COMMUNITY RD
City-St-Zip: VERNON, FL 32462

Title: V ( ) Delete
Name: MIKE, EDWARD T
Address: 4116 JACKSON COMMUNITY RD
City-St-Zip: VERNON, FL 32462

Title: T ( ) Delete
Name: PETERSON, GLORIA
Address: 4116 JACKSON COMMUNITY RD
City-St-Zip: VERNON, FL 32462

Title: SR ( ) Delete
Name: GRIFFIN, ANNIE
Address: 4116 JACKSON COMMUNITY RD
City-St-Zip: VERNON, FL 32462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ODIS W. DOYLE P 06/03/2009
Electronic Signature of Signing Officer or Director — Date