

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011321

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** ENRICHMENT OUTREACH CENTER, INCORPORATED

**Current Principal Place of Business:**

3504-A WEST SCOTT STREET  
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

3504-A WEST SCOTT STREET  
PENSACOLA, FL 32505

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALBRITTON, WANDA  
905 WEST DETROIT BLVD  
PENSACOLA, FL 32534 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: DP ( ) Delete  
Name: ALBRITTON, JACQUELINE D  
Address: 3504-A WEST SCOTT STREET  
City-St-Zip: PENSACOLA, FL 32505

Title: DV ( ) Delete  
Name: RANKINS, WANDA  
Address: 8342 GARDENIA CIRCLE APT 4  
City-St-Zip: PENSACOLA, FL 32534

Title: DV ( ) Delete  
Name: PERKINS, HATTIE  
Address: 3242 PALMDALE AVE  
City-St-Zip: PENSACOLA, FL 32526

Title: D ( ) Delete  
Name: ALBRITTON, WANDA  
Address: 905 WEST DETROIT BLVD  
City-St-Zip: PENSACOLA, FL 32534

Title: DT ( ) Delete  
Name: FOSTER, STEPHENIA  
Address: 1010 BARCIA ROAD  
City-St-Zip: PENSACOLA, FL 32503

**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:

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: JACQUELINE D. ALBRITTON

MS.

04/30/2007

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

\_\_\_\_\_  
Date