2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2009
Secretary of State

DOCUMENT# N06000011321

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 ( )** **FEI Number Not Applicable (X)** **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:

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 DP 08/18/2009
Electronic Signature of Signing Officer or Director — Date