

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011543

FILED  
Apr 04, 2012  
Secretary of State

**Entity Name:** M.A. BALDWIN COMMUNITY OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

425 NE 10TH AVE  
BOYNTON BEACH, FL 33435 0

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1256  
BOYNTON BEACH, FL 33435 0

**New Mailing Address:**

**FEI Number:** 20-8544723

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BALDWIN, MARVA A EXD  
7323 MICHIGAN ISLE ROAD  
LAKE WORTH, FL 33467 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:** EXD  
**Name:** BALDWIN, MARVA A EXDIR  
**Address:** 7312 MICHIGAN ISLE ROAD  
**City-St-Zip:** LAKE WORTH, FL 33467 0

**Title:** EXD  
**Name:** GIRTMAN, ROBERT E EXDIR  
**Address:** 153 ROCKINGCHAIR DIVER  
**City-St-Zip:** WHITE PLAINS, NY 10607 0

**Title:** ADM  
**Name:** BISHOP, CAROL J ADM  
**Address:** 4275 URQUHART ST  
**City-St-Zip:** LAKE WORTH, FL 33461 0

**Title:** DIR  
**Name:** SHEPHENS, GINA J DIR  
**Address:** 7323 MICHIGAN ISLE ROAD  
**City-St-Zip:** LAKE WORTH, FL 33467 0

**Title:** DIR  
**Name:** BRAAF, LEONARD DIR  
**Address:** 2334 SOUTH WEST 13TH STREET  
**City-St-Zip:** BOYNTON BEACH, FL 33426 0

**Title:** T  
**Name:** SHANNEN, YVONNE TREAS  
**Address:** 319 SOUTH WEST 10TH STREET  
**City-St-Zip:** DELRAY BEACH, FL 33444 0

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:** CAROL BISHOP

ADM

04/04/2012

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

\_\_\_\_\_  
Date