2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0700000389

FILED Mar 04, 2011 Secretary of State

Entity Name: FIBROMYALGIA OUTREACH CORPORATION OF CENTRAL FLORIDA

Current Principal Place of Business: New Principal Place of Business:

3016 HARBOUR LANDING WAY CASSELBERRY, FL 32707

Current Mailing Address: New Mailing Address:

3016 HARBOUR LANDING WAY CASSELBERRY, FL 32707

FEI Number: 42-1722031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HARDESTY, EDITH M 3016 HARBOUR LANDING WAY CASSELBERRY, FL 32707 US

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: F

Name: HARDESTY, EDITH M

Address: 3016 HARBOUR LANDING WAY City-St-Zip: CASSELBERRY, FL 32707 US

Title: VP

 Name:
 TOOKE, HENRY E IV

 Address:
 2745 DORCHESTER DRIVE

 City-St-Zip:
 DELTONA, FL 32738 US

Title: SEC.

 Name:
 ROBINSON, MARCIE D

 Address:
 120 HAYES DRIVE

 City-St-Zip:
 SANFORD, FL 32771

Title: BM

Name: BLOCK, SUE A

Address: 110 OAKLAND STREET City-St-Zip: SANFORD, FL 32771 US

Title: BM

Name: TOOKE, EDWARD S
Address: 1610 20TH STREET
City St. Zip: OPANGE CITY EL 32763

City-St-Zip: ORANGE CITY, FL 32763 US

Title: BM

Name: SMITH, KIRSTEN A IV

Address: 3016 HARBOUR LANDING WAY City-St-Zip: CASSELBERRY, FL 32707 US

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: EDITH M.HARDESTY PRES 03/04/2011