

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002452

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** COMMUNITY OUTREACH YOUTH PROGRAM, INC.

**Current Principal Place of Business:**

1600 SAN DIEGO AVENUE  
FORT PIERCE, FL 34946

**New Principal Place of Business:**

**Current Mailing Address:**

1600 SAN DIEGO AVENUE  
FORT PIERCE, FL 34946

**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:**

JORDAN, KAREN R  
1600 SAN DIEGO AVENUE  
FORT PIERCE, FL 34946 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: PD ( ) Delete  
Name: JORDAN, KAREN RENEE  
Address: 1600 SAN DIEGO AVE  
City-St-Zip: FORT PIERCE, FL 34946

Title: VD ( ) Delete  
Name: WILLIAMS, DIANNE  
Address: 1901 N 16TH ST  
City-St-Zip: FORT PIERCE, FL 34950

Title: SD ( ) Delete  
Name: MCCARRY, VENECIA R  
Address: 3900 SABAL WAY  
City-St-Zip: FORT PIERCE, FL 34951

Title: TD ( ) Delete  
Name: FINALYSON, ALEXANDER  
Address: 502 BETHANY CT  
City-St-Zip: FORT PIERCE, FL 34950

Title: D ( ) Delete  
Name: REEVES, RONALD J  
Address: 2510 AVE NORTH  
City-St-Zip: FT PIERCE, FL 34947

Title: D ( ) Delete  
Name: PORTER, ANTHONY  
Address: 1912 AVE G  
City-St-Zip: FT PIERCE, FL 34950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: JORDAN, KAREN R  
Address: 1600 SAN DIEGO AVE  
City-St-Zip: FORT PIERCE, FL 34946

Title: D (X) Change ( ) Addition  
Name: JORDAN, JAKEEM J  
Address: 1600 SAN DIEGO AVENUE  
City-St-Zip: FORT PIERCE, FL 34946

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: KAREN R JORDAN

D/P

05/01/2009

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

\_\_\_\_\_  
Date