2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2010
Secretary of State

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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 ( )**

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
Name: JORDAN, KAREN R
Address: 1600 SAN DIEGO AVE
City-St-Zip: FORT PIERCE, FL 34946

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

Title: SD
Name: REAVES, SHARON E
Address: 4505 JUANITA AVENUE
City-St-Zip: FORT PIERCE, FL 34946

Title: TD
Name: QUINN, SALLY
Address: 3205 MARAVILLA BLVD
City-St-Zip: FORT PIERCE, FL 34982

Title: D
Name: FINLAYSON, ALEXANDER
Address: 502 BETHANY CT
City-St-Zip: FT PIERCE, FL 34950

Title: D
Name: CASON, RONALD L
Address: 501 SOUTH 10TH STREET
City-St-Zip: FT PIERCE, FL 34950

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: SHARON REAVES SD 03/04/2010

Electronic Signature of Signing Officer or Director — Date