

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002530

FILED
Mar 19, 2009
Secretary of State

Entity Name: OUTREACH SUPPORT, INCORPORATED

Current Principal Place of Business:

251 SW 11TH AVE
FT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

251 SW 11TH AVE
FT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 65-1297702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CREAMER, SUSANNA
1000 SE 4TH STREET SUITE 106
FT LAUDERDALE, FL 33301 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: PT () Delete
Name: CREAMER, SUSANNA
Address: 1000 SE 4TH STREET SUITE 106
City-St-Zip: FT LAUDERDALE, FL 33301

Title: V () Delete
Name: SILVA, ELIZEU R
Address: 1101 SW 2ND CT
City-St-Zip: FT LAUDERDALE, FL 33302

Title: D () Delete
Name: DE WET BRITS, JACOBUS
Address: LA BELLA VIE BIRD AVENUE NEW CASTLE
City-St-Zip: 2940 SOUTH AFRICA, XX

Title: S () Delete
Name: CREAMER, FLOYD E
Address: 1000 SE 4TH STREET SUITE 106
City-St-Zip: FT LAUDERDALE, FL 33301

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:

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: SUSANNA CREAMER

PT

03/19/2009

Electronic Signature of Signing Officer or Director

Date