

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90066 038 ****61.25

DOCUMENT # N07000008290

1. Entity Name
CIRCLE OF LIFE COMMUNITY OUTREACH, INC.



Principal Place of Business
1280 MT. HOSEA CHURCH ROAD
QUINCY, FL 32352

Mailing Address
1280 MT. HOSEA CHURCH ROAD
QUINCY, FL 32352

40041987



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
41-2251491

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YORK, EDDIE
410 DEARWOOD CIRCLE
QUINCY, FL 32352

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rev. Eddie York

3-6-08

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ARNOLD, SHARON
STREET ADDRESS 323 MT. HOSEA CHURCH ROAD
CITY-ST-ZIP QUINCY, FL 32352

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME YORK, EDDIE
STREET ADDRESS 410 DEARWOOD CIRCLE
CITY-ST-ZIP QUINCY, FL 32352

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME BRADLEY, KATHY
STREET ADDRESS 1280 MT. HOSEA CHURCH ROAD
CITY-ST-ZIP QUINCY, FL 32352

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME HUTLEY-FIGGERS, LATISHA
STREET ADDRESS 716 POINT MILLIGAN ROAD
CITY-ST-ZIP QUINCY, FL 32352

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE FSD ☐ Delete
NAME DIXON, DEBRA
STREET ADDRESS 4332 ATTAPULGUS HWY.
CITY-ST-ZIP QUINCY, FL 32352

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon Arnold

3/6/08

850-488-9319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #