

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008290

FILED
Apr 30, 2009
Secretary of State

Entity Name: CIRCLE OF LIFE COMMUNITY OUTREACH, INC.

Current Principal Place of Business:

1280 MT. HOSEA CHURCH ROAD
QUINCY, FL 32352

New Principal Place of Business:

Current Mailing Address:

1280 MT. HOSEA CHURCH ROAD
QUINCY, FL 32352

New Mailing Address:

FEI Number: 41-2251491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YORK, EDDIE
410 DEARWOOD CIRCLE
QUINCY, FL 32352 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: ARNOLD, SHARON
Address: 323 MT. HOSEA CHURCH ROAD
City-St-Zip: QUINCY, FL 32352

Title: VPD () Delete
Name: YORK, EDDIE
Address: 410 DEARWOOD CIRCLE
City-St-Zip: QUINCY, FL 32352

Title: SD () Delete
Name: BRADLEY, KATHY
Address: 1280 MT. HOSEA CHURCH ROAD
City-St-Zip: QUINCY, FL 32352

Title: TD () Delete
Name: HUTLEY-FIGGERS, LATISHA
Address: 716 POINT MILLIGAN ROAD
City-St-Zip: QUINCY, FL 32352

Title: FSD () Delete
Name: DIXON, DEBRA
Address: 4332 ATTAPULGUS HWY.
City-St-Zip: QUINCY, FL 32352

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: SHARON B. ARNOLD

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date