

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003200

FILED  
Jun 03, 2009  
Secretary of State

**Entity Name:** ENCOURAGEMENT OF OTHERS, INC.

**Current Principal Place of Business:**

304 HURLEY ST.  
INTERLACHEN, FL 32148

**New Principal Place of Business:**

**Current Mailing Address:**

304 HURLEY ST.  
INTERLACHEN, FL 32148

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **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:**

**Name and Address of New Registered Agent:**

CLARK, RONALD E  
501 ST. JOHNS AVE.  
PALATKA, FL 32177 US

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: ROCKWELL, KATHY  
Address: 304 HURLEY ST.  
City-St-Zip: INTERLACHEN, FL 32148

Title: VD ( ) Delete  
Name: HILL, LEON  
Address: 613 ST. JOHNS AVE., SUITE 110  
City-St-Zip: PALATKA, FL 32177

Title: STD ( ) Delete  
Name: MYERS, MEREDITH  
Address: 203 6TH WAY  
City-St-Zip: INTERLACHEN, FL 32148

**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:

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: KATHLEEN J ROCKWELL

PRES

06/03/2009

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

\_\_\_\_\_  
Date