

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003632

FILED
Apr 10, 2009
Secretary of State

Entity Name: UP & BEYOND COMMUNITY OUTREACH CENTER INC.

Current Principal Place of Business:

13202 LAKE MAGDELENE BLVD
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

13202 LAKE MAGDELENE BLVD
TAMPA, FL 33618

New Mailing Address:

P. O. BOX 340093
TAMPA, FL 33694

FEI Number: 26-2494493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, DANISE
13202 LAKE MAGDALENE BLVD
TAMPA, FL 33618 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: HINES, DANISE
Address: PO BOX 340093
City-St-Zip: TAMPA, FL 33694

Title: D () Delete
Name: BARNES, BRANDY
Address: PO BOX 340093
City-St-Zip: TAMPA, FL 33694

Title: D () Delete
Name: RICHARDSON, KECI
Address: PO BOX 340093
City-St-Zip: TAMPA, FL 33694

Title: S () Delete
Name: ADAMS, CATHERINE
Address: PO BOX 340093
City-St-Zip: TAMPA, FL 33694

Title: T () Delete
Name: READY, REGGIE
Address: PO BOX 340093
City-St-Zip: TAMPA, FL 33694

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:

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: DANISE HINES

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date