

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004271

FILED  
Feb 27, 2011  
Secretary of State

**Entity Name:** MABLE'S KIDS OUTREACH AND MINISTRIES, INC.

**Current Principal Place of Business:**

4213 LASALLE STREET  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

4213 LASALLE STREET  
TAMPA, FL 33607 US

**New Mailing Address:**

**FEI Number:** 01-0852378

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, MABLE A  
4213 LASALLE STREET  
TAMPA, FL 33607 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:** P  
**Name:** SMITH, MABLE A  
**Address:** 4213 LASALLE STREET  
**City-St-Zip:** TAMPA, FL 33607

**Title:** VP  
**Name:** THOMPSON, TONI  
**Address:** 5003 W SPRING LAKE  
**City-St-Zip:** TAMPA, FL 33629

**Title:** SEC  
**Name:** MITCHELL, VALERIE  
**Address:** 4308 W NASSAU STREET  
**City-St-Zip:** TAMPA, FL 33607

**Title:** T  
**Name:** BARTHEL, ANTHONY  
**Address:** 2102 N JEFFERSON STREET  
**City-St-Zip:** TAMPA, FL 33603

**Title:** SEC  
**Name:** BETTY, COLLINS  
**Address:** 4112 W.MONTGOMERY TERRACRE  
**City-St-Zip:** TAMPA, FL 33616

I hereby 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 all other like empowered.

**SIGNATURE:** MABLESMITH

PRS.

02/27/2011

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

\_\_\_\_\_  
Date