

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004716

FILED
Apr 14, 2009
Secretary of State

Entity Name: CONNECTIONS OUTREACH, INC.

Current Principal Place of Business:

434 N. MEANDER DRIVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

4044 W. LAKE MARY BLVD.
LAKE MARY, FL 32714

Current Mailing Address:

434 N. MEANDER DRIVE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

4044 W. LAKE MARY BLVD.
LAKE MARY, FL 32746

FEI Number: 26-2621066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENRY, JULIE R
434 N. MEANDER DRIVE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

HENRY, JULIE R
4044 W. LAKE MARY BLVD.
LAKE MARY, FL 32746 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: JULIE HENRY

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENRY, JULIE
Address: 434 N. MEANDER DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCIMONE, ANN
Address: 631 YOUNG PLACE
City-St-Zip: LAKELAND, FL 33803

Title: S () Change (X) Addition
Name: HENRY, JULIE
Address: 434 N. MEANDER DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T () Change (X) Addition
Name: HENRY, MICHAEL
Address: 434 N. MEANDER DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: ANN SCIMONE

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date