

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005097

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** A TOUCH OF LOVE OUTREACH CENTER, INC.

**Current Principal Place of Business:**

1939 BELVEDERE ST, BLDG 206  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

1939 BELVEDERE ST, BLDG 206  
JACKSONVILLE, FL 32208

**New Mailing Address:**

**FEI Number:** 26-2967377

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILLIAMS-WATSON, DEBORAH A  
3620 BRIDGEWOOD DRIVE  
JACKSONVILLE, FL 32277 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: ED ( ) Delete  
Name: WILLIAMS-WATSON, DEBORAH A  
Address: 3620 BRIDGEWOOD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32277

Title: PRMG ( ) Delete  
Name: JENKINS, MARVIN O  
Address: 313 SUMMERSET DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete  
Name: WATSON, JARVIS J  
Address: 3620 BRIDGEWOOD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Delete  
Name: FREDERICK II, CARL J  
Address: 1441 MANOTAK AVE APT 802  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: PRATT, LATOYA S  
Address: 4363 BEDIVERE ST  
City-St-Zip: JACKSONVILLE, FL 32208

**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: DEBORAH WILLIAMS-WATSON

ED

04/21/2009

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

\_\_\_\_\_  
Date