

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007295

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** IRENE HICKMAN CALHOUN OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

4169 SADDLEWOOD DR  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1039  
CLARCONA, FL 32710

**New Mailing Address:**

**FEI Number:** 26-2885155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAUNDERS, WARCHENE NAOMI  
4169 SADDLEWOOD DR  
ORLANDO, FL 32818 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 ( ) Delete  
Name: SAUNDERS, WARCHENE NAOMI  
Address: 4169 SADDLEWOOD DR  
City-St-Zip: ORLANDO, FL 32818

Title: SVP ( ) Delete  
Name: RILEY, TERRENCE A  
Address: 1776 ANNADALE CIRCLE  
City-St-Zip: ROYAL PALM BEACH, FL 34111

Title: T ( ) Delete  
Name: CRAWFORD, JACQUELINE S  
Address: 1614 THOME ST 1 REAR  
City-St-Zip: CHICAGO, IL 60660

Title: S ( ) Delete  
Name: RILEY, OMAR KESHAWN  
Address: 1826 ORCHARD PARK DR  
City-St-Zip: OCOEE, FL 34761

Title: VP ( ) Delete  
Name: RILEY, CORNELL G  
Address: 1826 ORCHARD PARK DR  
City-St-Zip: OCOEE, FL 34761

**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: WARCHENE N. SAUNDERS

P

04/29/2009

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

\_\_\_\_\_  
Date