

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008282

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** TEMPLE AND GRACE OUTREACH CENTER INC.

**Current Principal Place of Business:**

1929 LILLIE ST.  
FORT MYERS, FL 33916

**New Principal Place of Business:**

1648 PALMETTO AVE  
FORT MYERS, FL 33916

**Current Mailing Address:**

5781 LEE BLVD, STE 208-213  
LEHIGH ACRES, FL 33971

**New Mailing Address:**

1648 PALMETTO AVE  
FORT MYERS, FL 33916

FEI Number: 26-3290197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JONES, LINDA R  
1929 LILLIE ST  
FORT MYERS, FL 33916 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: JONES, LINDA R  
Address: 1929 LILLIE ST  
City-St-Zip: FORT MYERS, FL 33916

Title: VP ( ) Delete  
Name: MCCRAY, SONJOANN D  
Address: 2441 MILLIE AVE SOUTH  
City-St-Zip: LEHIGH ACRES, FL 33973

Title: SECR ( ) Delete  
Name: LEE, MARQUITA J  
Address: 1929 LILLIE ST  
City-St-Zip: FORT MYERS, FL 33916

**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:

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: SONJOANN D MCCRAY

VP

04/30/2009

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

\_\_\_\_\_  
Date