

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010779

FILED  
Jun 27, 2009  
Secretary of State

Entity Name: DESTITUTE MOTHER CHILD ORGANIZATION,INC

## Current Principal Place of Business:

RT - DEMCO  
532 KILIMANJARO DR  
KISSIMMEE, FL 34758

## New Principal Place of Business:

RT - DEMCO  
532 KILIMANJARO DR  
KISSIMMEE, FL 34758

## Current Mailing Address:

RT- DEMCO REPRESENTATIVE  
532 KILIMANJARO DR  
KISSIMMEE, FL 34758

## New Mailing Address:

FEI Number: 61-1597704      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

OKIRING, JAIRUS O  
532 KILIMANJARO DR  
KISSIMMEE, FL 34758      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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P      ( ) Delete  
Name: OKIRING, ELIUD O  
Address: 532 KILIMANJARO DR  
City-St-Zip: KISSIMMEE,, FL 34758

Title: VP      ( ) Delete  
Name: OKIRING, BEATRICE A  
Address: 532 KILIMANJARO DR  
City-St-Zip: KISSIMMEE,, FL 34758

Title: MGR      ( ) Delete  
Name: SELENCIA, IDEWA  
Address: 532 KILIMANJARO DR  
City-St-Zip: KISSIMMEE,, FL 34758

Title: O      ( ) Delete  
Name: OKIRING, JAIRUS  
Address: 532 KILIMANJARO DR  
City-St-Zip: KISSIMMEE, FL 34758

Title: O      ( ) Delete  
Name: MURAYA, VICTOR  
Address: 7710 TARA CIRCLE  
City-St-Zip: NAPLES, FL 34114

Title: O      ( ) Delete  
Name: OKIRING, ROSALIE  
Address: 532 KILIMANJARO DR  
City-St-Zip: KISSIMMEE, FL 34758

## 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:

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: JAIRUS OKIRING

O

06/27/2009

Electronic Signature of Signing Officer or Director

Date