

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003003

FILED
Apr 29, 2012
Secretary of State

Entity Name: CARLTON'S FAMILY OUTREACH AND SUPPORT CENTER, INC.

Current Principal Place of Business:

811 SOUTH SEMINOLE AVE
FT MEADE, FL 33841

New Principal Place of Business:

Current Mailing Address:

811 SOUTH SEMINOLE AVE
FT MEADE, FL 33841

New Mailing Address:

FEI Number: 27-2218311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLTON, CASSANDRA
811 SOUTH SEMINOLE AVE
FT MEADE, FL 33841 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: PD
Name: BERRIEN, YOUZONE
Address: 1630 LESSARD CIRCLE
City-St-Zip: JACKSONVILLE, FL 32208

Title: VPD
Name: JONES, ANNETTE B
Address: 2940 NORTH BUCKINGHAM ROAD
City-St-Zip: AVON PARK, FL 33825

Title: TD
Name: HERNANDEZ, JERARDA LYLIA
Address: 635 SOUTH 5TH AVENUE, B 206
City-St-Zip: WAUCHULA, FL 33873

Title: SD
Name: ATKINSON-JONES, DAWN
Address: 422 S FLORIDA AVENUE
City-St-Zip: WAUCHULA, FL 33873

Title: D
Name: GROSSMAN, SUE LEVERSEE
Address: 4826 SE NAVAJO DRIVE
City-St-Zip: ARCADIA, FL 34266

I hereby 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 all other like empowered.

SIGNATURE: REGISTERED AGENT

RA

04/29/2012

Electronic Signature of Signing Officer or Director

Date