2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** 

if changed, or on an attachment with an address,

SIGNATURE:

## FILED DOCUMENT # N12020 May 12, 2006 08:00 Al Secretary of State 1. Entity Name COMPASSIONATE OUTREACH MINISTRIES, INC. Principal Place of Business Mailing Address 320 SE 43RD STREET GAINESVILLE FL 32601 PO BOX 143116 **GAINESVILLE FL 32614** 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3758858 Not Applicable Zip Country Ζιp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DENNISON, LARRY 320 SE 43RD STREET GAINESVILLE FL 8. 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. I am familia the obligations of registered agent. SIGNATURE Signature, hyperd or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution Due By May 1, 2006. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete Titl: Addition OSBORNE, QUINCY NAME U00000564208 05/20/06-80053-014 61.25 STREET ADDRESS 18203 SE 26TH STREET STREET ADDRESS CITY-ST-ZIP MICANOPY FL 32667 CITY-ST-ZIP SD THE Delete THILE Addition ☐ Change DENNISON, LILLIAN NAME NAME 2910 SW 34TH PLACE STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32608 CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change Addition DAVIS, ADDIE NAME NAME STREET ADDRESS 1701 LEE ROAD, APT. #360-L STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 C10Y - S1 - 7/P TITLE Delete 7171 6 ☐ Change ☐ Addition NAME DENNISON, LARRY NAME STREET ADDRESS 4301 NW 51 DR STREET ADDRESS CITY-ST-789 GAINESVILLE FL 32606 City-ST-ZiP RRE 🔲 Delele TIFLE Change ☐ Addition HARDY, JAMES NAME MAME 1539 SE 38 CT STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32649 CHTY-ST-ZIP CITY-ST-ZIP TITLE Delete THILE ☐ Change Addition DAVIS, HAL NAME NAME 2909 SW 34 PL STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32608 CITY-ST-ZIP CBY-SI-7P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11

r like empowered.

Date

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