


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2008 8:00 am**  
**Secretary of State**

09-11-2008 90002 050 \*\*\*\*61.25

<b>DOCUMENT # N12020</b> 1. Entity Name <b>COMPASSIONATE OUTREACH MINISTRIES, INC.</b>					
Principal Place of Business <b>320 SE 43RD STREET GAINESVILLE, FL 32601 US</b>			Mailing Address <b>PO BOX 143116 GAINESVILLE, FL 32614 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-3758858</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DENNISON, LARRY 320 SE 43RD STREET GAINESVILLE, FL</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
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 familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSBORNE, QUINCY		NAME	Belinda Fox	
STREET ADDRESS	4955 NW 21ST STREET		STREET ADDRESS	1141 NE 25th Street	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	Gainesville, FL 32461	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNISON, LILLIAN		NAME	Leon Rowe	
STREET ADDRESS	1620 NW 89TH TERRACE		STREET ADDRESS	2981 SE 19th Avenue	
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP	Gainesville, FL 32461	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, ADDIE		NAME	Vivian Alexander	
STREET ADDRESS	1796 BALSABWOOD COURT		STREET ADDRESS	2814 SE 13th Place	
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP	Gainesville, FL 32461	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		
NAME	DENNISON, LARRY		NAME		
STREET ADDRESS	4301 NW 51 DR		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	HARDY, JAMES		NAME		
STREET ADDRESS	2248 SE 44TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32641		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	DAVIS, HAL		NAME		
STREET ADDRESS	2134 SW 69TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Larry J. Dennison</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>9/3/08</b> 352-3731888 <small>Daytime Phone #</small>		