

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N12020

FILED
Oct 07, 2009
Secretary of State

Entity Name: COMPASSIONATE OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

320 SE 43RD STREET
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 143116
GAINESVILLE, FL 32614 US

New Mailing Address:

FEI Number: 59-3758858 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

DENNISON, LARRY
320 SE 43RD STREET
GAINESVILLE, FL 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: LARRY DENNISON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FOX, BELINDA
Address: 1141 NE 25TH STREET
City-St-Zip: GAINESVILLE, FL 32461

Title: SD () Delete
Name: DENNISON, LILLIAN
Address: 1620 NW 89TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: DAVIS, ADDIE
Address: 1796 BALSABWOOD COURT
City-St-Zip: ORLANDO, FL 32818

Title: PD () Delete
Name: DENNISON, LARRY
Address: 4301 NW 51 DR
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: HARDY, JAMES
Address: 2248 SE 44TH TERRACE
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: ROWE, LEON
Address: 2981 SE 19TH AVENUE
City-St-Zip: GAINESVILLE, FL 32461

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
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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: LILLIAN J. DENNISON

SD

10/07/2009

Electronic Signature of Signing Officer or Director

Date