

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12020

FILED
Mar 14, 2011
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 ()

Name and Address of Current Registered Agent:

DENNISON, LARRY
320 SE 43RD STREET
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

DENNISON, LARRY
320 SE 43RD STREET
GAINESVILLE, FL 32601 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: LARRY J. DENNISON

03/14/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: PD
Name: DENNISON, LARRY J.
Address: 4301 NW 51 DR
City-St-Zip: GAINESVILLE, FL 32606

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

Title: D
Name: ROWE, LEON V SR
Address: 2981 SE 19TH AVENUE
City-St-Zip: GAINESVILLE, FL 32641

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: LILLIAN J. DENNISON

SD

03/14/2011

Electronic Signature of Signing Officer or Director

Date

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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ADDITIONAL OFFICER FOR COMPASSIONATE OUTREACH MINISTRIES

Please add the following name to the list of Officer for Compassionate Outreach Ministries:

Office/Director Name and Address
Name and Address #7

<u>Title</u>	D
<u>Name</u>	Alexander, Vivian M.
<u>Street Address</u>	2814 SE 13th Place
<u>City, State</u>	Gainesville, FL
<u>Zip Code</u>	32641