

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30187

FILED
Jan 22, 2009
Secretary of State

Entity Name: HOMELESS AND ORPHAN OUTREACH, INC.

Current Principal Place of Business:

400 KENT AVENUE
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1370
LAKE PLACID, FL 33862

New Mailing Address:

FEI Number: 59-2992538 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WHITE, TROY W SR.
144 JAMISON AVE
LAKE PLACID, FL 33852 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: D () Delete
Name: RULE, BRICK
Address: 162 MORGAN PL
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: P () Delete
Name: WHITE, TROY SR
Address: 144 HILLSIDE AVENUE
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: CAVSEY, JOHN
Address: 108 LAKE JUNE RD
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: SIMMONS, LEE
Address: 3410 MILLER AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: T () Delete
Name: DURRANCE, KATHRYN
Address: 1125 PEACHTREE DR
City-St-Zip: LAKE PLACID, FL 33852

Title: S () Delete
Name: HOLT, VIRGINIA
Address: 100 REDWATER LANE
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CAUSEY, JOHN
Address: 108 LAKE JUNE RD
City-St-Zip: LAKE PLACID, FL 33852

Title: () Change () Addition
Name:
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: VIRGINIA HOLT

SEC

01/22/2009

Electronic Signature of Signing Officer or Director

Date