

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N50412 (8)

1. Corporation Name

COMMUNITY OUTREACH OF UMATILLA, INC.

Principal Place of Business

Mailing Address

CHURCH OF JESUS  
UMATILLA FL 32784

P.O. BOX 1406  
UMATILLA FL 32784



3. Date Incorporated or Qualified

08/13/1992

3a. Date of Last Report

05/23/1995

4. FEI Number

59-3144737

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODWELL, TYRONE E.  
38904 PEARL ST.  
UMATILLA FL 32784

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME RODWELL, TYRONE E  
STREET ADDRESS 38906 PEARL ST  
CITY-ST-ZIP UMATILLA FL 32784 ☐ DELETE

TITLE VD  
NAME DONALDSON, IVEY  
STREET ADDRESS 17013 E. COUNTY RD  
CITY-ST-ZIP UMATILLA FL ☐ DELETE

TITLE Y  
NAME DEW, MILDRED E  
STREET ADDRESS 38417 JAMESTOWN ST  
CITY-ST-ZIP UMATILLA FL 32784 ☐ DELETE

TITLE AT  
NAME MOORE, JESSE  
STREET ADDRESS 38345 CHURCH ST.  
CITY-ST-ZIP UMATILLA FL ☐ DELETE

TITLE S  
NAME GRIFFIN, KATHERINE  
STREET ADDRESS 38819 MERRELL ST  
CITY-ST-ZIP UMATILLA FL ☐ DELETE

TITLE AS  
NAME DONALDSON, SHAWN  
STREET ADDRESS 17013 E. COUNTY RD  
CITY-ST-ZIP UMATILLA FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TYRONE E. RODWELL

(352) 669-1171  
06-10-96

Date

Daytime Phone #

CR2E037 (3/96)