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May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 32784-1406



3. Date Incorporated or Qualified  
08/13/1992

3a. Date of Last Report  
08/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RODWELL, TYRONE E	
STREET ADDRESS	38906 PEARL ST	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DONALDSON, IVEY	
STREET ADDRESS	17013 E. COUNTY RD	
CITY-ST-ZIP	UMATILLA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DEW, MILDRED E	
STREET ADDRESS	38417 JAMESTOWN ST	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, JESSE	
STREET ADDRESS	38345 CHURCH ST.	
CITY-ST-ZIP	UMATILLA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFIN, KATHERINE	
STREET ADDRESS	38819 MERRELL ST	
CITY-ST-ZIP	UMATILLA FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	DONALDSON, SHAWN	
STREET ADDRESS	17013 E. COUNTY RD	
CITY-ST-ZIP	UMATILLA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MOORE, JESSE
2.3 STREET ADDRESS	38345 CHURCH ST.
2.4 CITY-ST-ZIP	Umatilla FL 32784
3.1 TITLE	T-S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gaston, Melissa Y
3.3 STREET ADDRESS	38519 Pine Street
3.4 CITY-ST-ZIP	Umatilla FL 32784
4.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARY DONALDSON
4.3 STREET ADDRESS	17013 E. COUNTY RD.
4.4 CITY-ST-ZIP	Umatilla FL 32784
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone # 0018244

CR2E037 (9/96)