

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000274

FILED
Apr 26, 2009
Secretary of State

Entity Name: OUTREACH OF AMERICA, INC.

Current Principal Place of Business:

236 INDUSTRIAL LOOP
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

236 INDUSTRIAL LOOP
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 59-3371267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEAN, TOM
236 INDUSTRIAL LOOP
ORANGE PARK, FL 32073 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: PRES () Delete
Name: MCLEAN, TOM
Address: 3899 VALENCIA ROAD
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: HODGES, JOYCE
Address: 4695 ROSEMARY STREET
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: JOHNS, BONNIE
Address: 2305 S DOLPHIN AVENUE
City-St-Zip: MIDDLEBURG, FL 32068

Title: S () Delete
Name: SMITH, NELSON H
Address: 83 WINTERBOURNE NORTH
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: STRICKLAND, BEATRICE
Address: 1125 LONDONDERRY DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: D () Delete
Name: MARIE, MURPHY E
Address: 3635 MATEO PLACE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: TOM MCLEAN

PRES

04/26/2009

Electronic Signature of Signing Officer or Director

Date