

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002682

FILED
Jan 06, 2009
Secretary of State

Entity Name: THE PATTERSON OUTREACH CORPORATION

Current Principal Place of Business:

2069 FIRST ST
302
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

2069 FIRST ST
302
FORT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 65-0891603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGRANDE, J.L. RAY
2069 FIRST STREET STE 304
FORT MYERS, FL 33902 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: DST () Delete
Name: LEGRANDE, J. L
Address: 2069 FIRST STREET
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: HAYES, LEIGH
Address: P.O. BOX 1447 N/A
City-St-Zip: FORT MYERS, FL

Title: D () Delete
Name: GOURLEY, BETTY D
Address: 446 VALLEY DR
City-St-Zip: LEHIGH ACRES, FL 33936

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:

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: J. L. LEGRANDE

DIR

01/06/2009

Electronic Signature of Signing Officer or Director

Date