## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000005227

FILED Apr 01, 2009 Secretary of State

Entity Name: COMMUNITY LIFE CENTER OUTREACH SERVICES, INC.

Current Principal Place of Business:				New Principal Place of Business:			
%COMMUNITY LIFE CENTERO 1691 PROVIDENCE BLVD., STE. 102 DELTONA, FL 32725				COMMUNITY LIFE CENTER 1691 PROVIDENCE BLVD., STE. 102 DELTONA, FL 32725			
Current Mailing Address:				New Mailing Address:			
1691 PRO\	NITY LIFE CEN VIDENCE BLVI , FL 32725				TY LIFE CENT /IDENCE BLV FL 32725		
FEI Number:	59-3450894	FEI Number Applied For ( )	FEI Nun	nber Not Appli	icable()	Certificate of Sta	atus Desired (X)
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	lew Registered	d Agent:
777 DELTC STE 23 DELTONA, The above	/, PHYLLIS B DNA BLVD. , FL 32725 US named entity s e of Florida.	S ubmits this statement for the pu	urpose o	1691 PRO\ STE 102 DELTONA,	r, PHYLLIS B VIDENCE BLV FL 32725 Us s registered o	S	ed agent, or both,
SIGNATUR						04/01/20	nna
SICINATON		ic Signature of Registered Ager	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () GREGORY, PH 1479 CEDAR PI DELTONA, FL 3	NE DR		Title: Name: Address: City-St-Zip:	( )	Change ( ) Additi	ion
Title: Name: Address: City-St-Zip:	D () WHEATLEY, LU 2409 LAREDO I DELTONA, FL 3	OR .		Title: Name: Address: City-St-Zip:	( )	Change ( ) Additi	ion
Title: Name: Address: City-St-Zip:	DT () RAU, SHARON 1002 ANGORA S DELTONA, FL 3			Title: Name: Address: City-St-Zip:	( )	Change ( ) Additi	ion
Title: Name: Address: City-St-Zip:	BC () HAMILTON, RUT 2950 SURF DR DELTONA, FL 3			Title: Name: Address: City-St-Zip:	BC (X) HAMILTON, RU 100 PALM DRIV DEBARY, FL 3	/E	ion
Title: Name: Address: City-St-Zip:	D () HARRIS, RANDO 3370 GEORGE DELTONA, FL 3	SAULS ST		Title: Name: Address: City-St-Zip:	TAVERNIER, BI	IERRICK DRIVE	ion
Title: Name: Address: City-St-Zip:	C () WILLIAMS, DON 652 GOODRICH DELTONA, FL 3	IDR		Title: Name: Address: City-St-Zip:	( )	Change ( ) Additi	ion

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: PHYLLIS B. GREGORY DP 04/01/2009