2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002395

FILED Apr 30, 2009 Secretary of State

Entity Name: OAKTREE COMMUNITY OUTREACH, INCORPORATED

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	IST EAST TON, FL 34208	3			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	IST EAST TON, FL 34208	3			
El Number	r: 59-3456424	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
lame and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
26- 20TF	DAPHNEY S I STREET EAS TON, FL 34208				
	e named entity : te of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	IRE:				
	Electror	nic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
itle: ame: ddress: ity-St-Zip:	BARNES, DAPI 926-20TH STR	EET EAST	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: ame: ddress: ity-St-Zip:	MACKEY, EBO 926-20TH STR	EET EAST	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: ddress: :ity-St-Zip:	T () STEPHENS, PA 809 30TH AVEI BRADENTON, I	NUE EAST	Title: Name: Address: City-St-Zip:	() Change () Addition	
	JACKSON, LIN		Title: Name: Address: City-St-Zip:	() Change () Addition	
ame: ddress:	12086 ALUMA PT CHARLOTT	E, FL 33981	only of zip.		
itle: lame: ddress: bity-St-Zip: itle: lame: ddress: ddress:	PT CHARLOTT) Delete , TERRONITA EAST	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: EMM VPT 04/30/2009