2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N97000005790

Entity Name: C W O P, INC.

Current Principal Place of Business:

6335 BROUGH ROAD
ELKTON, FL 32033

New Principal Place of Business:

Current Mailing Address:

6335 BROUGH ROAD
ELKTON, FL 32033

New Mailing Address:

FEI Number: 11-3817611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIS, WILLIE MAE
6335 BROUGH ROAD
ELKTON, FL 32033 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: P ( ) Delete
Name: ROBERSON, PATRICIA A
Address: 17 ROLLINS AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: A ( ) Delete
Name: WILLIS, WILLIE MAE
Address: 6335 BROUGH ROAD
City-St-Zip: ELKTON, FL 32033

Title: M ( ) Delete
Name: ROBERSON, SHANETTE
Address: 17 ROLLINS AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: M ( ) Delete
Name: WESLEY, LINDA
Address: 6325 BROUGH ROAD
City-St-Zip: ELKTON, FL 32033

Title: M ( ) Delete
Name: ROGERS, DELORES
Address: 143 PARK AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32084

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
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: WILLIE M. WILLIS RA 04/30/2009
Electronic Signature of Signing Officer or Director — Date