

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000713

FILED
Jul 09, 2004
Secretary of State

Entity Name: COMMUNITY OUTREACH CENTER OF LOVE, INTERNATIONAL, INC.

Current Principal Place of Business:

677 N. HERNANDO STREET
LAKE CITY, FL 32055

New Principal Place of Business:

156 N. E. LEON STREET
LAKE CITY, FL 32055

Current Mailing Address:

847 NW WILSON ST
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 36-4216187 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HENRY, GWENDOLYN
1593 WILSON ST.
LAKE CITY, FL 320551829 US

Name and Address of New Registered Agent:

HENRY, GWENDOLYN
847 N. W. WILSON
LAKE CITY, FL 320551829 US

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: _____

07/09/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENRY, GWENDOLYN A
Address: 1593 WILSON STREET
City-St-Zip: LAKE CITY, FL 32058

Title: DS () Delete
Name: ALSTON, WANDA L
Address: 1308 WILSON ST
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: JACKSON, VALENTINE
Address: RT 8 BOX 355
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: ALLEN, EDDIE L
Address: RT 1 BOX 540-2
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HENRY, GWENDOLYN A
Address: 847 N. W. WILSON STREET
City-St-Zip: LAKE CITY, FL 32055 18

Title: DS (X) Change () Addition
Name: ALSTON, WANDA L
Address: 708 N. W. WILSON STREET
City-St-Zip: LAKE CITY, FL 32055

Title: D (X) Change () Addition
Name: JACKSON, VALENTINE
Address: RT. 8 BOX 355
City-St-Zip: LAKE CITY, FL 32055

Title: D (X) Change () Addition
Name: ALLEN, EDDIE L
Address: 169 N. W. MATTIE LANE
City-St-Zip: LAKE CITY, FL 32055

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDDIE ALLEN

D

07/09/2004

Electronic Signature of Signing Officer or Director

Date