2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# N98000000713

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

Current Principal Place of Business:

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

New Principal Place of Business:

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
847 N. W. WILSON
LAKE CITY, FL 320551829 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: HENRY, GWENDOLYN A
Address: 847 N. W. WILSON STREET
City-St-Zip: LAKE CITY, FL 32055 18

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

Title: D ( ) Delete
Name: JACKSON, VALENTINE
Address: 1728 N. W. MOORE ROAD
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete
Name: ALLEN, EDDIE L
Address: P. O. BOX 2769
City-St-Zip: LAKE CITY, FL 32056

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: GWENDOLYN A. HENRY PAST 04/30/2006

Electronic Signature of Signing Officer or Director — Date