

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003323

FILED  
Aug 02, 2007  
Secretary of State

**Entity Name:** COMMUNITY OUTREACH AND DEVELOPMENT CENTER, INC.

**Current Principal Place of Business:**

726 NW 8TH AVE SUITE C  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

4169 N.W. 37TH TERRACE  
GAINESVILLE, FL 32606

**Current Mailing Address:**

P.O. BOX 2186  
GAINESVILLE, FL 32602

**New Mailing Address:**

**FEI Number:** 59-3749780      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GREEN, DAVID W REV.  
4169 NW 37TH TERRACE  
GAINESVILLE, FL 32606    US

**Name and Address of New Registered Agent:**

GREEN, DAVID W DR.  
4169 NW 37TH TERRACE  
GAINESVILLE, FL 32606    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: DR. DAVID W. GREEN

08/02/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD            ( ) Delete  
Name: GREEN, DAVID W REV.  
Address: 4169 NW 37TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: TD            ( ) Delete  
Name: JONES, RANDOLPH  
Address: PO BOX 162-6121 NW 218 AVE  
City-St-Zip: LACROSSE, FL 32658

Title: VPS            ( ) Delete  
Name: GREEN, KIMBERLY C  
Address: 4169 NW 37TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD            (X) Change ( ) Addition  
Name: GREEN, DAVID W DR.  
Address: 4169 NW 37TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

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: DR. DAVID W. GREEN

PRES

08/02/2007

Electronic Signature of Signing Officer or Director

Date