

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005268

FILED  
Jul 13, 2009  
Secretary of State

**Entity Name:** COMMUNITY OUTREACH MISSIONS ESTABLISHMENTS, INC. CDC

**Current Principal Place of Business:**

2535 SHEILA DR  
APOPKA, FL 32712

**New Principal Place of Business:**

2445 ASHINGTON PARK DRIVE  
APOPKA, FL 32703

**Current Mailing Address:**

3943 ROSEWOOD WAY  
ORLANDO, FL 32808

**New Mailing Address:**

3931 ROSEWOOD WAY  
ORLANDO, FL 32808

**FEI Number:** 59-3576597      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

JONES, GWENDOLYN B  
6821 LUMBERJACK LANE  
OCOEE, FL 34761 US

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

JONES, GWENDOLYN B  
2445 ASHINGTON PARK DRIVE  
APOPKA, FL 32703 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: \_\_\_\_\_

Electronic Signature of Registered Agent

07/13/2009

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JONES, GWEN  
Address: 6821 LUMBERJACK LANE  
City-St-Zip: OCOEE, FL 34761

Title: DT ( ) Delete  
Name: BENNETT, CIERA  
Address: 2535 SHEILA DR  
City-St-Zip: APOPKA, FL 32712

Title: DS ( ) Delete  
Name: ROBINSON, BEVERLY  
Address: 216 RUBY  
City-St-Zip: APOPKA, FL 32703

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

Title: PD (X) Change ( ) Addition  
Name: JONES, GWENDOLYN  
Address: 2445 ASHINGTON PARK DRIVE  
City-St-Zip: APOPKA, FL 32703

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: GWENDOLYN B. JONES

Electronic Signature of Signing Officer or Director

PD

07/13/2009

Date