## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000006189

FILED Jul 02, 2007 Secretary of State

Entity Name: PINEC	REST COMMUNITY OUTREACH, INC.		
Current Principal Pla	ace of Business:	New Principal Place of Bu	siness:
3090 HOLIDAY SPRIN SUITE 210			
MARGATE, FL 33063	3		
Current Mailing Add	ress:	New Mailing Address:	
3090 HOLIDAY SPRIN STE # 210	IGS BLVD		
MARGATE, FL 33063	}		
FEI Number: 65-0876996 In accordance with s. 607	FEI Number Applied For ( ) FEI Nu '.193(2)(b), F.S., the corporation did not receive		ertificate of Status Desired ( )
Name and Address o	of Current Registered Agent:	Name and Address of New	Registered Agent:
HUNTE, JOSEPHINE 3090 HOLIDAY SPRIN			
STE 210 MARGATE, FL  33063			
MARGATE, FL 33063		of changing its registered office	e or registered agent, or both,
MARGATE, FL 33063 The above named enti	US	of changing its registered office	e or registered agent, or both,
MARGATE, FL 33063 The above named enti in the State of Florida. SIGNATURE:	US	of changing its registered office	e or registered agent, or both,  Date
MARGATE, FL 33063 The above named enti in the State of Florida. SIGNATURE:	US ity submits this statement for the purpose of the control of the purpose of the control of th		
MARGATE, FL 33063 The above named enti in the State of Florida.  SIGNATURE:  Elect  OFFICERS AND DIRI  Title: PD  Name: HUNTE, JOS	Ity submits this statement for the purpose of the control of the purpose of the control of the c	ADDITIONS/CHANGES TO	Date
MARGATE, FL 33063 The above named enti in the State of Florida.  SIGNATURE:  Elect  OFFICERS AND DIRI  Title: PD  Name: HUNTE, JOS  Address: 3090 HOLIE	ity submits this statement for the purpose of cronic Signature of Registered Agent  ECTORS:  ( ) Delete SEPHINE M DAY SPRINGS BLVD. FL 33063  ( ) Delete JAUNTA R WAY	ADDITIONS/CHANGES TO Title: ( ) Cha Name: Address: City-St-Zip:	Date OFFICERS AND DIRECTORS:

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: JOSEPHINE M HUNTE O/D 07/02/2007