2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006189

FILED May 16, 2009 Secretary of State

Entity Name: PINECREST COMMUNITY OUTREACH, INC.

Current Principal Place of Business: New Principal Place of Business:

3090 HOLIDAY SPRINGS BLVD. SUITE 210 MARGATE, FL 33063

Current Mailing Address: New Mailing Address:

11 TROTTER WAY
DALLAS, GA 30132
15703 WHITE CANYON LANE HOUSTON, TX 77044

FEI Number: 65-0876996 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: Name and Address of New Registered Agent:

HUNTE, JOSEPHINE M 3090 HOLIDAY SPRINGS BLVD STE 210 MARGATE, FL 33063 US HUNTE, JOSEPHINE M 15703 WHITE CANYON LANE HOUSTON, FL 77044 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: JOSEPHINE M HUNTE 05/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 HUNTE, JOSEPHINE M
 Name:
 HUNTE, JOSEPHINE M

 Address:
 3090 HOLIDAY SPRINGS BLVD.
 Address:
 15703 WHITE CANYON LANE

 City-St-Zip:
 MARGATE, FL 33063
 City-St-Zip:
 HOUSTON, TX 77044

Title: D () Delete Title: D (X) Change () Addition
Name: STINNETT, JAUNTA Name: STINNETT, JAUNTA
Address: 11 TROTTER WAY Address: 5054 MEADOW LANE

Address: 11 TROTTER WAY Address: 5054 MEADOW LANE
City-St-Zip: DALLAS, GA 30132 City-St-Zip: MARIETTA, GA 30068

Title: D () Delete Title: D (X) Change () Addition Name: LARKIN, GILMO Name: LARKIN, GILMO

 Address:
 6565 GENEVA ST
 Address:
 15703 WHITE CANYON LANE

 City-St-Zip:
 LAKE WORTH, FL 33467
 City-St-Zip:
 HOUSTON, TX 77044

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 DIRE 05/16/2009