

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006794

FILED
Apr 14, 2009
Secretary of State

Entity Name: COMMUNITY OUTREACH GLOBAL MISSION, INC.

Current Principal Place of Business:

13937 SW 44TH LANE CIR
#B
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

13937 SW 44TH LANE CIR
#B
MIAMI, FL 33175

New Mailing Address:

FEI Number: 65-0923172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALACIOS, VICTOR REV.
13937 S.W. 44TH LANE CIR
#B
MIAMI, FL 33175 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: PALACIOS, VICTOR REV.
Address: 13937 S.W. 44TH LANE CIR
City-St-Zip: MIAMI, FL 33175

Title: S () Delete
Name: AQUINO, JOSE R
Address: 13937 S.W. 44TH LANE CIR
City-St-Zip: MIAMI, FL 33175

Title: V () Delete
Name: PALACIOS, MARTHA G
Address: 13937 S.W. 44TH LANE CIR
City-St-Zip: MIAMI, FL 33175

Title: T () Delete
Name: PINEDA, IVETTE MARIE
Address: 824 84 ST UNIT 2
City-St-Zip: MIAMI, BEACH, FL 33141

Title: T () Delete
Name: VINUELA, LARRY
Address: 9361 SOUTHWEST 82ND COURT
City-St-Zip: MIAMI, FL 33173

Title: T () Delete
Name: GARCIA, SARY NILSA
Address: 1250 ALTON RD. # 3F
City-St-Zip: MIAMI BEACH, FL 33139

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:

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: MARTHA G. PALACIOS

V

04/14/2009

Electronic Signature of Signing Officer or Director

Date