

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005747

FILED  
Mar 29, 2011  
Secretary of State

**Entity Name:** PARKVIEW OUTREACH COMMUNITY CENTER INC.

**Current Principal Place of Business:**

1205 MLK JR WAY  
HAINES CITY, FL 33844

**New Principal Place of Business:**

1205 DR. MARTIN L KING JR WAY  
HAINES CITY, FL 33844

**Current Mailing Address:**

1205 MLK JR WAY  
HAINES CITY, FL 33844

**New Mailing Address:**

1205 DR. MARTIN L KING JR WAY  
HAINES CITY, FL 33844

FEI Number: 01-0790991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BABERS, ERNESTINE  
504 POLK CITY RD  
HAINES CITY, FL 33844 US

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

PRICE, JULIA C  
1205 DR. MARTIN L KING JR WAY  
HAINES CITY, FL 33844 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: JULIA CATHERINE PRICE

03/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VCOB  
Name: BABERS, HENRY  
Address: 3520 BAKER AVENUE  
City-St-Zip: HAINES CITY, FL 33844

Title: COB  
Name: THOMAS, ROOSEVELT  
Address: 597 VILLA PARK ROAD  
City-St-Zip: KISSIMMEE, FL 34759

Title: MD  
Name: DEGNAN, MICHAEL  
Address: 2612 CREST DRIVE  
City-St-Zip: HAINES CITY, FL 33844

Title: CD  
Name: BURGESS, ADAM  
Address: 1300 AVENUE N., P.O. BOX 3011  
City-St-Zip: HAINES CITY, FL 33845

Title: ATTY  
Name: TYLER, DENNA  
Address: 1103 AVENUE E  
City-St-Zip: HAINES CITY, FL 33844

Title: CM  
Name: THOMPSON, JUANETTA  
Address: 325 MEDINA COURT  
City-St-Zip: KISSIMMEE, FL 34758

I hereby 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 all other like empowered.

SIGNATURE: ROOSEVELT THOMAS, JR. ED. D.

COB

03/29/2011

Electronic Signature of Signing Officer or Director

Date