2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005747

FILED Jan 12, 2012 Secretary of State

Entity Name: PARKVIEW OUTREACH COMMUNITY CENTER INC.

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

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

Current Mailing Address: 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: 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.

III the State of Florid

SIGNATURE:

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: DIR

Name: BROWN, BEVERLEY

Address: 111 LAKE HOLLINGWORTH DRIVE

City-St-Zip: LAKELAND, FL 33801

Title: DIR

 Name:
 MARIN, JAVIER

 Address:
 99 HIGHWAY 17-92 W

 City-St-Zip:
 HAINES CITY, FL 33844

Title: CMC

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: JULIA C PRICE CD 01/12/2012