

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 21, 2008  
Secretary of State**

DOCUMENT# N03000005747

Entity Name: PARKVIEW OUTREACH COMMUNITY CENTER INC.

**Current Principal Place of Business:**

504 POLK CITY RD.  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

504 POLK CITY RD.  
HAINES CITY, FL 33844

**New Mailing Address:**

FEI Number: 01-0790991      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:**

BABERS, ERNESTINE  
504 POLK CITY RD  
HAINES CITY, FL 33844      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: CD      ( ) Delete  
Name: BABERS, HENRY  
Address: 504 POLK CITY RD.  
City-St-Zip: HAINES CITY, FL 33844

Title: TD      ( ) Delete  
Name: BABERS, ERNESTINE  
Address: 504 POLK CITY RD.  
City-St-Zip: HAINES CITY, FL 33844

Title: D      ( ) Delete  
Name: COBB, CHARLIE  
Address: 242 TOWHEE ROAD  
City-St-Zip: WINTER HAVEN, FL 33881

**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:

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: ERNESTINE BABERS

TD

05/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date