

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 19, 2009
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:

504 POLK CITY RD
HAINES CITY, FL 33844

FEI Number: 01-0790991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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: COB (X) Change () Addition
Name: BABERS, HENRY
Address: 504 POLK CITY RD.
City-St-Zip: HAINES CITY, FL 33844

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: HENRY L BABERS

COB

05/19/2009

Electronic Signature of Signing Officer or Director

_____ Date