

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000011543

**Entity Name:** M.A. BALDWIN COMMUNITY OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

425 NE 10TH AVE  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

P O BOX 1256  
BOYNTON BEACH, FL 33435 0

**FEI Number:** 20-8544723

**Certificate of Status Desired:** No

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

BALDWIN, MARVA AEXD  
33 EAST CAMINO REAL APT 311  
BOCA RATON, FL 33432 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            EXD  
Name            BALDWIN, MARVA AEXDIR  
Address        33 EAST CAMINO REAL APT 311  
City-State-Zip: BOCA RATON FL 33432

Title            EXD  
Name            GIRTMAN, ROBERT EEXDIR  
Address        153 ROCKINGCHAIR DIVER  
City-State-Zip: WHITE PLAINS NY 10607

Title            ADM  
Name            BISHOP, CAROL JADM  
Address        4275 URQUHART ST  
City-State-Zip: LAKE WORTH FL 33461

Title            DIR  
Name            SHEPHENS, GINA JDIR  
Address        33 CAMINO REAL APT 311  
City-State-Zip: BOCA RATON FL 33432

Title            DIR  
Name            BRAAF, LEONARD DIR  
Address        100 SHORE COURT A212  
City-State-Zip: NORTH PALM BEACH FL 33408

Title            T  
Name            SHANNEN, YVONNE TREAS  
Address        319 SOUTH WEST 10TH STREET  
City-State-Zip: DELRAY BEACH FL 33444

*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:** CAROL BISHOP

**ADMINISTRATION**

**04/05/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date