

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004908

FILED
Jan 20, 2004
Secretary of State

Entity Name: MIDWEST CHRISTIAN OUTREACH, INC.

Current Principal Place of Business:

PO BOX 455
LOMBARD, IL 601480455

New Principal Place of Business:

Current Mailing Address:

PO BOX 455
LOMBARD, IL 601480455

New Mailing Address:

FEI Number: 36-4012401 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GHOLSON, DIANE
3338 LANDOVER BLVD.
SPRING HILL, FL 34609

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: PD () Delete
Name: VEINOT, L L JR
Address: 1616 S. MAIN ST.
City-St-Zip: LOMBARD, IL

Title: VD () Delete
Name: VEINOT, JOY A JR
Address: 1616 S. MAIN ST.
City-St-Zip: LOMBARD, IL

Title: SD () Delete
Name: KALIN, WILLIAM J
Address: 45W 637 MARIE ST.
City-St-Zip: BIG ROCK, IL

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 for the exemption stated in Section 119.07(3)(i), 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: L.L. VEINOT JR

PD

01/20/2004

Electronic Signature of Signing Officer or Director

_____ Date