

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004908

FILED
Mar 04, 2008
Secretary of State

Entity Name: MIDWEST CHRISTIAN OUTREACH, INC.

Current Principal Place of Business:

9406 CREEKSIDE DR.
WONDER LAKE, IL 60097

New Principal Place of Business:

Current Mailing Address:

PO BOX 446
WONDER LAKE, IL 600970446

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 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: PD () Delete
Name: VEINOT, L L JR
Address: 9406 CREEKSIDE DR.
City-St-Zip: WONDER LAKE, IL 60097

Title: VD () Delete
Name: VEINOT, JOY A
Address: 9406 CREEKSIDE DR.
City-St-Zip: WONDER LAKE, IL 60097

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

Title: OD () Delete
Name: TODD, MCGEHEE
Address: 1206 DOGWOOD LN
City-St-Zip: CAROL STREAM, IL 60188

Title: OD () Delete
Name: WILLIAM, CWIK
Address: 151 N. FLORA PKWY
City-St-Zip: ADDISON, IL 60101

Title: OD () Delete
Name: RONALD, HENZEL
Address: 4102 SW 13TH AVE
City-St-Zip: CAPE CORAL, FL 33914

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:

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: LYNDON L VEINOT JR

PRES

03/04/2008

Electronic Signature of Signing Officer or Director

_____ Date