

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 04, 2007
Secretary of State**

DOCUMENT# N02000005943

Entity Name: HIGHERLOVE MISSION OUTREACH, INC.

Current Principal Place of Business:

1669 OVERSEAS HWY
MARATHON, FL 33050

New Principal Place of Business:

Current Mailing Address:

1669 OVERSEAS HWY
MARATHON, FL 33050

New Mailing Address:

FEI Number: 81-0571645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SETMAYER, TARA O
315 ANGLERS DRIVE N
MARATHON, FL 33050 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: MALETIC, DEBORAH
Address: 6099 OVERSEAS HIGHWAY #7W
City-St-Zip: MARATHON, FL 33050

Title: SD () Delete
Name: SETMAYER, TARA
Address: 315 ANGLERS DRIVE NORTH
City-St-Zip: MARATHON, FL 33050

Title: D () Delete
Name: MEIER, FERNANDA
Address: 114 GERALDINE STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: CUBANO, JULIO
Address: 10820 5TH AVENUE GULF
City-St-Zip: MARATHON, FL 33050

Title: D () Delete
Name: GOMEZ, ILEANA
Address: 20 NORTH STREET
City-St-Zip: ELWOOD PARK, NJ 07015

Title: D () Delete
Name: DEVOS, HILDA
Address: 1669 OVERSEAS HIGHWAY
City-St-Zip: MARATHON, FL 33050

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: D (X) Change () Addition
Name: RUSSELL, LESLEE
Address: 1361 OVERSEAS HWY
City-St-Zip: MARATHON, FL 33050

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBORAH MALETIC

PD

04/04/2007

Electronic Signature of Signing Officer or Director

Date