

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005817

FILED
Mar 03, 2008
Secretary of State

Entity Name: SHARON BOWENS INTERNATIONAL OUTREACH ENTERPRISES, INC.

Current Principal Place of Business:

11054 NORTH CAMPUS BOULEVARD
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 28791
JACKSONVILLE, FL 32226 US

New Mailing Address:

FEI Number: 20-0077102 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWENS, SHARON W
11054 NORTH CAMPUS BOULEVARD
JACKSONVILLE, FL 32218 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: P () Delete
Name: BOWENS, SHARON W
Address: 11054 NORTH CAMPUS BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: VP () Delete
Name: BOWENS, DENNIS J SR.
Address: 11054 NORTH CAMPUS BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: T () Delete
Name: BOWENS, TANISHA L
Address: P. O. BOX 28791
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: S () Delete
Name: POOLER, ANETTEYA D
Address: 846 CHERRY POINT WAY
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: AS () Delete
Name: BOWENS, DENNIS J JR.
Address: 3961 GATHERING DRIVE, APT#78B
City-St-Zip: ORLANDO, FL 32817 US

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: AS (X) Change () Addition
Name: BOWENS, DENNIS J JR.
Address: 11054 N CAMPUS BLVD
City-St-Zip: JACKSONVILLE, FL 32218 US

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: SHARON W. BOWENS

Electronic Signature of Signing Officer or Director

PRES

03/03/2008

_____ Date