

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010008

FILED
Apr 16, 2009
Secretary of State

Entity Name: LOGOS PROPHETIC MINISTRIES, INC.

Current Principal Place of Business:

1407 ASHDOWN COURT - STE. A
SANFORD, FL 32771 US

New Principal Place of Business:

119 S FRENCH AVE
SANFORD, FL 32771 US

Current Mailing Address:

P O BOX 470068
LAKE MONROE, FL 32747

New Mailing Address:

FEI Number: 26-0495830 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

A NEW OUTLOOK FOR OUR FUTURE INC
210 S LAUREL AVE
200
SANFORD, FL 32771 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: DENNIS, KARIN N
Address: P O BOX 470068
City-St-Zip: LAKE MONROE, FL 32747 US

Title: VP () Delete
Name: DENNIS, NORMAN L JR
Address: P O BOX 470068
City-St-Zip: LAKE MONROE, FL 32771 US

Title: S () Delete
Name: DENNIS, KARIN
Address: 3050 W 23RD ST
City-St-Zip: SANFORD, FL 32771 US

Title: D () Delete
Name: WILLINGHAM, KAYLAN
Address: 3050 W 23RD ST
City-St-Zip: SANFORD, FL 32771 US

Title: D () Delete
Name: WILLINGHAM, KEYON E
Address: 3050 W 23RD ST
City-St-Zip: SANFORD, FL 32771 US

Title: D () Delete
Name: A NEW OUTLOOK FOR OUR FUTURE INC
Address: 210 S LAUREL AVE
City-St-Zip: SANFORD, FL 32771 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
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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: KARIN DENNIS

P

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date