2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008
Secretary of State

DOCUMENT# N96000004389

Entity Name: R.G. OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

275 SW PAGODA TERR
PORT SAINT LUCIE, FL 34984 US

New Principal Place of Business:

Current Mailing Address:

275 SW PAGODA TERR
PORT SAINT LUCIE, FL 34984 US

New Mailing Address:

FEI Number: 31-1484921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GARY, RONNIE
4802 32ND DRIVE SOUTH
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

GARY, RONNIE
275 S. W. PAGODA TERRACE
PORT SAINT LUCIE, FL 34984 US

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: _____ 05/15/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GARY, RONNIE
Address: 175 SW PAGODA TERR
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: VT ( ) Delete
Name: LOUALTER, GARY
Address: 275 SW PAGODA TERR
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: S ( ) Delete
Name: SHAVON, GARY
Address: 275 SW PAGODA TERR
City-St-Zip: PORT SAINT LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GARY, RONNIE
Address: 275 SW PAGODA TERR
City-St-Zip: PORT SAINT LUCIE, FL 34984

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: RONNIE GARY PRES 05/15/2008
Electronic Signature of Signing Officer or Director — Date