2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# 719849

Entity Name: FULL GOSPEL OUTREACH, INC.

Current Principal Place of Business:

7433 NW 147TH PL
TRENTON, FL 32693 US

New Principal Place of Business:

14790 NW HIGHWAY 19
CHIEFLAND, FL 32626 US

Current Mailing Address:

7433 NW 147TH PL
TRENTON, FL 32693 US

New Mailing Address:

14790 NW HIGHWAY 19
CHIEFLAND, FL 32626 US

FEI Number: 05-0007300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PENNINGTON, FRANKLIN
1714 SW IMPORT DR.
PORT ST. LUCIE, FL 34953 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: PENNINGTON, CHARLEY,
Address: 1049 DALE AVE
City-St-Zip: FRANKLIN, OH

Title: VPD ( ) Delete
Name: PENNINGTON, FRANK,
Address: 1714 SW IMPORT DRIVE
City-St-Zip: PORT ST. LUCIE, FL

Title: SD ( ) Delete
Name: WHISTLER, SANDY,
Address: 7433 NW 147TH PL
City-St-Zip: TRENTON, FL

Title: D ( ) Delete
Name: WHISTLER, MIKE,
Address: 7433 NW 147TH PL
City-St-Zip: TRENTON, FL

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:

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: SANDY WHISTLER SD 04/21/2008

Electronic Signature of Signing Officer or Director — Date