

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 767775**  
 1. Entity Name  
**LIFE OUTREACH INTERNATIONAL MINISTRY, INCORPORATED OF FORT PIERCE, FLORIDA**



Principal Place of Business      Mailing Address  
 525 N. 11 STREET      525 N. 11 STREET  
 FT. PIERCE, FL 34950 US      FT. PIERCE, FL 34950 US

**DO NOT WRITE IN THIS SPACE**



02262007 No Chg-NP      CR2E037 (4/06)

4. FEI Number      Applied For  
**59-2277701**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 MACKEY, HARRY L  
 2400 N. 47 STREET  
 FORT PIERCE, FL 34946

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MACKEY, HARRY L 2400 NORTH 47TH STREET FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, LORI 1714 ANGLE RD. FT. PIERCE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT GIBSON, DONNA 1702 NORTH 15H STREET FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, DAWN 4300 AVENUE Q FORT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BURNS, BEATRICE 4300 AVE. Q FORT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/05/07-80030-014 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: X** *Harry Mackey*      **2/26/07**      **7724600625**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #