


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90019 026 ****61.25

DOCUMENT # 767775 1. Entity Name LIFE OUTREACH INTERNATIONAL MINISTRY, INCORPORATED OF FORT PIERCE, FLORIDA	
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Principal Place of Business 525 N. 11 STREET FT. PIERCE, FL 34950 US	Mailing Address 525 N. 11 STREET FT. PIERCE, FL 34950 US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2277701	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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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**DO NOT WRITE
IN THIS SPACE**

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 obligation of the registered agent.		
SIGNATURE <i>Harry Mackey</i> <small>Signature, typed name of registered agent and title if applicable</small>	HARRY MACKEY - PASTOR <small>(NOTE: Registered Agent signature required when reappointing)</small>	1/23/08 <small>DATE</small>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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. 3901 AVENUE R FT. PIERCE, FL 34974 34947
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	

**DO NOT WRITE
IN THIS SPACE**

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.
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SIGNATURE: *Harry Mackey*