

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767775

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** LIFE OUTREACH INTERNATIONAL MINISTRY, INCORPORATED OF FORT PIERCE, FLORIDA

**Current Principal Place of Business:**

525 N. 11 STREET  
FT. PIERCE, FL 34950 US

**New Principal Place of Business:**

**Current Mailing Address:**

525 N. 11 STREET  
FT. PIERCE, FL 34950 US

**New Mailing Address:**

**FEI Number:** 59-2277701      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MACKEY, HARRY L  
2400 N. 47 STREET  
FORT PIERCE, FL 34946 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: PT ( ) Delete  
Name: MACKEY, HARRY L  
Address: 2400 NORTH 47TH STREET  
City-St-Zip: FORT PIERCE, FL 34946

Title: S ( ) Delete  
Name: KING, LORI  
Address: 3901 AVE R  
City-St-Zip: FORT PIERCE, FL 34947

Title: TT ( ) Delete  
Name: GIBSON, DONNA  
Address: 1702 NORTH 15H STREET  
City-St-Zip: FORT PIERCE, FL 34950

Title: D ( ) Delete  
Name: BURNS, DAWN  
Address: 4300 AVENUE Q  
City-St-Zip: FORT PIERCE, FL 34947

Title: AS ( ) Delete  
Name: BURNS, BEATRICE  
Address: 4300 AVE. Q  
City-St-Zip: FORT PIERCE, FL 34947

**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:

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: HARRY L. MACKEY

PT

04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date