2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 768700

Entity Name: GOSPEL OUTREACH, INC.

Current Principal Place of Business:

C/O DAN J. MAST
1100 S. CONRAD AVE.
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

C/O DAN J. MAST
1100 S. CONRAD AVE.
SARASOTA, FL 34237

New Mailing Address:

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

Name and Address of Current Registered Agent:

MAST, DAN J.
1100 S. CONRAD AVE.
SARASOTA, FL 34237 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:	MAST, DAN J	
Address:	1100 S CONRAD AVE	
City-St-Zip:	SARASOTA, FL 34237	
Title:	VD	( ) Delete
Name:	GRABER, TERRY	
Address:	1102 PINE PRAIRIE RD	
City-St-Zip:	SARASOTA, FL	
Title:	ST	( ) Delete
Name:	MAST, MARY JANE	
Address:	1100 S. CONRAD AVENUE	
City-St-Zip:	SARASOTA, FL	
Title:	D	( ) Delete
Name:	MAST, BRUCE J	
Address:	3946 DUNN DR	
City-St-Zip:	SARASOTA, FL	
Title:	D	( ) Delete
Name:	MAST, KATHY	
Address:	3946 DUNN DR	
City-St-Zip:	SARASOTA, FL	
Title:	D	( ) Delete
Name:	GRABER, DARLENE	
Address:	1102 PINE PRAIRIE RD	
City-St-Zip:	SARASOTA, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	GRABER, TERRY	
Address:	1101 PINE PRAIRIE RD	
City-St-Zip:	SARASOTA, FL	
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:	D	(X) Change ( ) Addition
Name:	GRABER, DARLENE	
Address:	1101 PINE PRAIRIE RD	
City-St-Zip:	SARASOTA, FL	

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: DARLENE GRABER D 04/13/2009

Electronic Signature of Signing Officer or Director — Date