2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# F08000005108

Entity Name: AHMO - ALTERNATIVE HELP MINISTRIES OUTREACH, INC

Current Principal Place of Business:

1111 9TH AVE WEST STE E
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

1111 9TH AVE WEST STE E
BRADENTON, FL 34205

New Mailing Address:

FEI Number: 56-2145553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KITTSMILLER, KATHERINE
1111 9TH AVE WEST STE E
BRADENTON, FL 34205 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:	D	( ) Delete
Name:	WHITE, CONNIE	
Address:	724 WOOD WARD ST	
City-St-Zip:	N WILKESBORO, NC 28659	
Title:	D	( ) Delete
Name:	QUINONES-SOLANO, VIVIAN	
Address:	11227 CORALBEAN DRIVE	
City-St-Zip:	BRADENTON, FL 34202	
Title:	DST	( ) Delete
Name:	ACKEL, ELAINE	
Address:	PO BOX 142	
City-St-Zip:	BRADENTON, FL 34206	
Title:	P	( ) Delete
Name:	KITTSMILLER, KATHERINE	
Address:	26315 82ND AVE EAST	
City-St-Zip:	MYAKKA CITY, FL 34251	

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: KATHERINE R. KITTSMILLER P 02/11/2009

Electronic Signature of Signing Officer or Director — Date