


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 OCT 31 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000024335			
1. Entity Name HOGANS OUTREACH EVANGELISTIC MINISTRY LLC			
Principal Place of Business 384 GERMAN CLUB RD DEFUNIAK SPRINGS, FL 32433		Mailing Address 384 GERMAN CLUB RD DEFUNIAK SPRINGS, FL 32433	
2. Principal Place of Business - No P.O. Box # WORKING OUT OF HOME		3. Mailing Address 384 GERMAN CLUB RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Defuniah Springs		City & State Defuniah Spgs Fl.	
Zip 32433	Country Waton	4. FEI Number 77-0698800	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HOGANS, BETTY 384 GERMAN CLUB RD DEFUNIAK SPRINGS, FL 32433		7. Name and Address of New Registered Agent Name: Cynthia Adkins Gee Street Address (P.O. Box Number is Not Acceptable): 384 German Club Rd Defuniah Springs FL 32433	
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: MGR Betty Hogans 10-29-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOGANS, BETTY 384 GERMAN CLUB RD DEFUNIAK SPRINGS, FL 32433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cynthia Adkins Gee <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOGANS, RANDALL A 384 GERMAN CLUB RD DEFUNIAK SPRINGS, FL 32433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800109657639 09/19/07--01042--011 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOWARD, CINDY 240 QUEBEC AVE DEFUNIAK SPRINGS, FL 32433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800109657639 09/19/07--01042--012 **5.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cynthia Adkins Gee 384 German Club Rd Defuniah	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Betty Hogans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

09-13-07, 850-892-9853
Date Phone #

REINSTATEMENT