

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045773

FILED
Apr 30, 2008
Secretary of State

Entity Name: SEED BED OF FAITH AND PRAYER OUTREACH CENTER LLC

Current Principal Place of Business:

1567 CANDICE COURT
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

1567 CANDICE COURT
JACKSONVILLE, FL 32225 US

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:

PETERSON-HAMILTON, BARBARA
1567 CANDICE COURT
JACKSONVILLE, FL 32225 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

MANAGING MEMBERS/MANAGERS:

Title: PCEO () Delete
Name: PETERSON-HAMILTON, BARBARA
Address: 1567 CANDICE COURT
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VD () Delete
Name: HAMILTON, JEFFEREY
Address: 1567 CANDICE COURT
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MGR (X) Delete
Name: WILLIAMS, CHRISTAMAE
Address: 642 GOLFAIR BLVD.
City-St-Zip: JACKSONVILLE, FL 32206 US

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic 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: BARBARA PETERSON-HAMILTON

PCEO

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date