2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N00000002672

Entity Name: GRACE OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

5006 IRONWOOD TRAIL
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 896
HIGHLAND CITY, FL 338460896

New Mailing Address:

P.O. BOX 896
HIGHLAND CITY, FL 338460896 US

FEI Number: 59-3638981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DANIEL, V.K.
5006 IRONWOOD TRAIL
BARTOW, FL 33830 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: GEORGE, THOMAS
Address: 5541 BEVERLY RISE BLVD
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: DANIEL, V.K.
Address: 5006 IRONWOOD TRAIL
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete
Name: PHILIP, VARUGHESE
Address: 5266 ST. LUCIA DR.
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: PHILIP, REJI
Address: 5222 ST. LUCIA DR.
City-St-Zip: LAKELAND, FL 33813

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: VARUGHESE PHILIP D 01/13/2009

Electronic Signature of Signing Officer or Director — Date