2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003958

FILED Aug 21, 2007 Secretary of State

Entity Nan	ne: GLOBAL OUTREACH MINISTRY NETWORK, IN	NC.
Current Pr	incipal Place of Business:	New Principal Place of Business:
SUITE 305	ILF BREEZE PARKWAY EZE, FL 32563	390 TYNDALL PARKWAY SUITE 135 PANAMA CITY, FL 32404
Current Ma	ailing Address:	New Mailing Address:
SUITE 305	ILF BREEZE PKWY EZE, FL 32563	390 TYNDALL PARKWAY SUITE 135 PANAMA CITY, FL 32404
FEI Number: In accordanc	59-3652778 FEI Number Applied For () FEI Nu te with s. 607.193(2)(b), F.S., the corporation did not receive	mber Not Applicable () Certificate of Status Desired () the prior notice.
	Address of Current Registered Agent:	Name and Address of New Registered Agent:
211 CREEK	N, VICTORIA KVIEW DR CHKA, FL 32465 US	ANDERSON, VICTORIA 3613 EAGLE LN PANAMA CITY, FL 32405 US
The above in the State		of changing its registered office or registered agent, or both,
SIGNATURE:		08/21/2007
	Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () Delete LEE, MICHAEL A 390 TYNDALL PARKWAY #135 PANAMA CITY, FL 32404	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VPD () Delete LEE, KIMBERLY D 390 TYNDALL PARKWAY #135 PANAMA CITY, FL 32404	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete ANDERSON, VICTORIA 211 CREEKVIEW DR WEWAHITCHKA, FL 32465	Title: D (X) Change () Addition Name: ANDERSON, VICTORIA Address: 3613 EAGLE LN City-St-Zip: PANAMA CITY, FL 32405

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: MICHAEL A. LEE PD 08/21/2007