2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005366

FILED Apr 18, 2008 Secretary of State

Entity Name: FREEDOM OUTPOST MINISTRIES INC.

Current Principal Place of Business: New Principal Place of Business:

709 SILVER PALM AVE. 500 SOUTH RANGE RD. MELBOURNE, FL 32901 COCOA, FL 32926

Current Mailing Address: New Mailing Address:

709 SILVER PALM AVE. 500 SOUTH RANGE RD. MELBOURNE, FL 32901 COCOA, FL 32926

FEI Number: 59-3679393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAGE, JAMES
3226 SAND DUNES CT
MELBOURNE BEACH, FL 32951 US
HAGE, JAMES
500 SOUTH RANGE RD
COCOA, FL 32926 US

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: JAMES HAGE 04/18/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D () Delete Title: D (X) Change () Addition

 Name:
 HAGE, JAMES
 Name:
 HAGE, JAMES

 Address:
 3226 SAND DUNES CT
 Address:
 500 SOUTH RANGE RD

 City-St-Zip:
 MELBOURNE BEACH, FL 32951
 City-St-Zip:
 COCOA, FL 32926

Title: D () Delete Title: D (X) Change () Addition

Name: HAGE, GINA Name: HAGE, GINA

Address: 3226 SAND DUNES CT Address: 500 SOUTH RANGE RD City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: COCOA, FL 32926

Title: T () Delete Title: () Change () Addition

 Name:
 MURRAY, ETHEL
 Name:

 Address:
 1574 GLENCOVE AVE NW
 Address:

 City-St-Zip:
 PALM BAY, FL 32907
 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: JAMES HAGE DIR 04/18/2008