## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000008332

FILED Apr 29, 2009 Secretary of State

Entity Name: ALL THAT GOD IS INTERNATIONAL OUTREACH CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 9830 S.W. 222 STREET 10286 S. W. 186TH STREET MIAMI, FL 33190 MIAMI, FL 33157 **Current Mailing Address: New Mailing Address:** 9830 S.W. 222 STREET MIAMI, FL 33190 FEI Number: 65-1063264 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ISAAC, DENISE P PD 9830 S.W. 222 STREET MIAMI, FL 33190 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ISAAC, DENISE P PD Name: Name: 9830 S.W. 222 STREET Address: Address: City-St-Zip: MIAMI, FL 33190 City-St-Zip: Title: Title: DV (X) Change ( ) Addition ( ) Delete BROWN, LUCINDA M DV Name: BROWN, LUCINDA M DV Name: Address: 10585 S. W. 216TH STREET # D Address: 9830 S. W. 222 STREET City-St-Zip: MIAMI, FL 33190 City-St-Zip: MIAMI, FL 33190 Title: ( ) Delete Title: (X) Change ( ) Addition ISAAC-THOMAS, LATRESA L DT ISAAC, APRIL T DT Name: Name: 9830 SW 222 STREET 9830 SW 222 STREET Address: Address: City-St-Zip: CUTLER BAY, FL 33190 City-St-Zip: CUTLER BAY, FL 33190 () Change () Addition Title: DS ( ) Delete Title: Name: DANZY, CLOVETTE DS Name: Address: 17705 S. W. 135TH AVENUE Address: City-St-Zip: MIAMI, FL 33177 City-St-Zip: Title: ( ) Delete Title: () Change () Addition STRACHAN, LINDA G FS Name: Name: 15553 S. W. 107TH PLACE Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: (X) Delete Title: () Change () Addition ISAAC, APRIL T AFS Name: Name: Address: 9830 S. W. 222 STREET Address: MIAMI, FL 33190 City-St-Zip: 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: DENISE P. ISAAC DP 04/29/2009