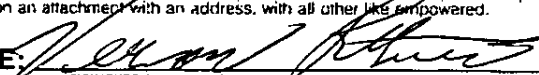


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 16, 2008 8:00 am
Secretary of State

05-21-2008 90022 010 ****70.00

5f.

DOCUMENT # N01000000494 1. Entity Name JESUS THE LIGHT OF LIFE OUTREACH MINISTRY INC.			
Principal Place of Business 6220 ALL AMERICAN BOULEVARD SUITE 13 ORLANDO FL 32810		Mailing Address 6220 ALL AMERICAN BOULEVARD SUITE 13 ORLANDO FL 32810	
2. Principal Place of Business - No P.O. Box # 6220 All American Blvd Suite, Apt. #, etc. 13		3. Mailing Address 6220 All American Blvd Suite, Apt. #, etc. 13	
City & State Orlando, FL Zip 32810		City & State Orlando FL Zip 32810	
Country U.S.		Country U.S.	
4. FEI Number 59-3694784		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERTS, MYRTLE S 6336 ROYAL TERN STREET ORLANDO FL 32810		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when restoring)			
FILE NOW: FEES \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ROBERTS, VERNON 6336 ROYAL TERN STREET ORLANDO FL 32810 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ROBERTS, MYRTLE S 6336 ROYAL TERN STREET ORLANDO FL 32810 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WILLIAMS, RICARDO M 4910 ANZIO STREET ORLANDO FL 32819 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WILLIAMS, KATRINA J 4910 ANZIO STREET ORLANDO FL 32819 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 6-12-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

66012200



1st MOORE CR2E037 (10/07)