

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003549

FILED
Apr 28, 2008
Secretary of State

Entity Name: JAMES GRAHAM EVANGELISTIC OUTREACH MINISTRY, INC

Current Principal Place of Business:

3609 N. MYRTLE AVE.
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

11724 CHERRY BARK DR E
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-3689737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, CAROL
11724 CHERRY BARK DR E
JACKSONVILLE, FL 32218 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: P () Delete
Name: GRAHAM, JAMES A SR
Address: 11724 CHERRY BARK DR E
City-St-Zip: JACKSONVILLE, FL 32218

Title: VT () Delete
Name: LOWMAN, EARL
Address: 3620 N. MYRTLE AVE APT. C
City-St-Zip: JACKSONVILLE, FL 32209

Title: T () Delete
Name: SMITH, ANTHONY
Address: 3631 MONCRIEF RD
City-St-Zip: JACKSONVILLE, FL 32208

Title: S () Delete
Name: GRAHAM, CAROL
Address: 11724 CHERRY BARK DR E
City-St-Zip: JACKSONVILLE, FL 32218

Title: MT () Delete
Name: TOWNES, SHAWN SR
Address: 11047 APPLE BLOSSOM TRAIL WEST
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: GRAHAM, JAMES A II
Address: 3631 MONCRIEF RD
City-St-Zip: JACKSONVILLE, FL 32208

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MT (X) Change () Addition
Name: TOWNES, JACKIE
Address: 11047 APPLE BLOSSOM TRAIL WEST
City-St-Zip: JACKSONVILLE, FL 32218

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: CAROL F. GRAHAM

S

04/28/2008

Electronic Signature of Signing Officer or Director

Date