

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006223

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: HIS STOREHOUSE OUTREACH, INC.

**Current Principal Place of Business:**

35362 STATE ROAD 54  
ZEPHYRHILLS, FL 33541 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 284  
SAN ANTONIO, FL 33576 US

**New Mailing Address:**

FEI Number: 59-3747154      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LOPUSNAK, WAYNE R REV.  
10313 BUNCOMBE WAY  
SAN ANTONIO, FL 33576 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: D      ( ) Delete  
Name: LOPUSNAK, WAYNE R REV.  
Address: 10313 BUNCOMBE WAY  
City-St-Zip: SAN ANTONIO, FL 33576 US

Title: D      ( ) Delete  
Name: FINCH, LAURA  
Address: 26505 LAWRENCE AVE.  
City-St-Zip: WESLEY CHAPEL, FL 33544 US

Title: D      ( ) Delete  
Name: KOPP, PAUL T  
Address: 5509 JOY STREET  
City-St-Zip: ZEPHYRHILLS, FL 33542 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D      (X) Change ( ) Addition  
Name: KOPP, PAUL T  
Address: 5509 JOYCE STREET  
City-St-Zip: ZEPHYRHILLS, FL 33542 US

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: WAYNE LOPUSNAK

D

04/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date