

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2008
Secretary of State

DOCUMENT# N02000000002

Entity Name: SHADDAI INTERNATIONAL OUTREACH MINISTRY INC.

Current Principal Place of Business:

2890 NW 160 ST
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

2890 NW 160 ST
MIAMI, FL 33054

New Mailing Address:

FEI Number: 26-0007733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOPEZ, REINERIO
2890 NW 160 ST
MIAMI, FL 33054 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: DP () Delete
Name: LOPEZ, REINERIO
Address: 2890 NW 160 ST
City-St-Zip: MIAMI, FL 33054

Title: DV () Delete
Name: VALENTINE, LINDA
Address: 8220 SW 65TH AVE APT D5
City-St-Zip: MIAMI, FL 33143

Title: DS () Delete
Name: TURNER, ARENA
Address: 723 NW 73 ST
City-St-Zip: MIAMI, FL 33150

Title: DT () Delete
Name: LOPEZ, BRIGINA
Address: 2890 NW 160 ST
City-St-Zip: MIAMI, FL 33054

Title: DT () Delete
Name: LOCKHART, MAULEEN
Address: 650 NE 61 ST
City-St-Zip: MIAMI, FL 33137

Title: DS () Delete
Name: BOWE, MICHELLE
Address: 7794 MIRAMAR PKWY
City-St-Zip: MIRAMAR, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: () Change () Addition
Name:
Address:
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: REINERIO LOPEZ

_____ Electronic Signature of Signing Officer or Director

DP

08/08/2008

_____ Date