2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# N02000002620

Entity Name: GOD'S WAY OUT COMMUNITY DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

330 SHILOH DRIVE
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

PO BOX 10611
PENSACOLA, FL 32524

New Mailing Address:

FEI Number: 59-3397343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

DENNIS, NANCY
1460 JOHNSON AVE #104
PENSACOLA, FL 32514 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: WILLIAMS, CHESTER
Address: 330 SHILOH DR
City-St-Zip: PENSACOLA, FL 32504

Title: V ( ) Delete
Name: WILLIAMS, CAROLYN F
Address: 330 SHILOH DR
City-St-Zip: PENSACOLA, FL 32504

Title: S ( ) Delete
Name: SUMPTER, SHERYL
Address: 501 NORTH
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WILLIAMS, CAROLYN F
Address: 330 SHILOH DR
City-St-Zip: PENSACOLA, FL 32503

Title: V (X) Change ( ) Addition
Name: HICKS, FREDDIE
Address: 330 SHILOH DR
City-St-Zip: PENSACOLA, FL 32503

Title: S (X) Change ( ) Addition
Name: DENNIS, NANCY
Address: 330 SHILOH DRIVE
City-St-Zip: PENSACOLA, FL 32503

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: CAROLYN WILLIAMS PD 05/03/2007

Electronic Signature of Signing Officer or Director — Date