2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003584

FILED Aug 03, 2009 Secretary of State

Entity Name: FAITH OUTREACH MINISTRIES CHURCH OF THE LIVING GOD, INC.

Current Principal Place of Business: New Principal Place of Business: 3409 DEWBERRY AVE PLYMOUTH, FL 32768 **Current Mailing Address: New Mailing Address:** PO BOX 28 PLYMOUTH, FL 32768 FEI Number: 59-3010254 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: Name and Address of New Registered Agent: WILLIAMS, CHARLES 328 W 5TH ST APOPKA, FL 32703 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete WILLIAMS, CARLTON WILLIAMS, CARLTON Name: Name: Address: 3360 HARRY ST Address: 27249 CR448A MOUNT DORA, FL 32757 City-St-Zip: APOPKA, FL 32768 City-St-Zip: Title: Title: () Delete () Change () Addition Name: WILLIAMS, CLARA Name: Address: 328 5TH ST Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: Title: () Delete Title: (X) Change () Addition WILLIAMS, CAROLINE Name: WILLIAMS, CAROLINE Name: Address: 3360 HARRY ST Address: 27249 CR448A City-St-Zip: APOPKA, FL 32768 City-St-Zip: MOUNT DORA, FL 32757 Title: () Delete Title: () Change () Addition Name: RAINEY, TROY Name: 15821 SWITCH CANE ST Address: Address: City-St-Zip: CLERMONT, FL 34711 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: CAROLINE WILLIAMS D 08/03/2009