2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# N02000005164

Entity Name: HUGS OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

1941 NORTH GATE BLVD.
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

1941 NORTH GATE BLVD.
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 01-0793493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILTON, PHYLLIS
1307 TUTTLE AVE.
SARASOTA, FL 34237 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:	PD	( ) Delete
Name:	MILTON, TONY	
Address:	1604 E AVE	
City-St-Zip:	SARASOTA, FL 34237	
Title:	VD	( ) Delete
Name:	MILTON, PHYLLIS	
Address:	1604 E AVE	
City-St-Zip:	SARASOTA, FL 34237	
Title:	S	( ) Delete
Name:	RIVERS, ERENIA	
Address:	3338 CHESHINE LANE, APT. C	
City-St-Zip:	SARASOTA, FL 34237	
Title:	T	( ) Delete
Name:	JACOBS, MICHELLE	
Address:	4221 52ND PLACE WEST, #204	
City-St-Zip:	BRADENTON, FL 34210	
Title:	T	( ) Delete
Name:	RIVERS, GARY	
Address:	3338 CHESHINE LANE, APT. C	
City-St-Zip:	SARASOTA, FL 34237	
Title:	S	( ) Delete
Name:	GILES, DINAH	
Address:	4515 26TH ST. WEST	
City-St-Zip:	BRADENTON, FL 34207	

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
Name:	
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: TONY MILTON PD 04/07/2008

Electronic Signature of Signing Officer or Director — Date