## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 12, 2007 8:00 am Secretary of State DOCUMENT # N02000005547 1. Entity Name 04-12-2007 90048 006 \*\*\*\*70.00 LIVING HOPE IN CHRIST OUT REACH MINISTRY, INC. Principal Place of Business Mailing Address 1120 SOUTH MAIN ST IJNIT #3 HIGH SPRINGS FL 32643 2. Principal Place of Business - No P.O Box Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State 4. FEI Number Applied For 50-0004556 Not Applicable 7in Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 學事人 CANNADY, LARRY D PASTOR Street Address (P.O. Box Number is Not Acceptable) 13783 N.W. 158 AVENUE ALACHUA FL 32616 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent." SIGNATURE 1 (NOTE Registered Agent signature required when rehistating) Signature, typed or printed game, of registered agent and title if applicable. DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 шп ☐ Defete HITCE Change Addition NAMI CANNADY, LARRY D NAMI STREET ADDRESS STREET ADDRESS POST OFFICE BOX 1611 CHY ST-ZIP CITY ST-7IP ALACHUA FL 32616 ☐ Delete 11111 ☐ Change Addition CANNADY, CYNTHIA V NAME STRUET ADDRESS POST OFFICE BOX 1611 STREET ADDRESS CITY SE-ZIP ALACHUA FL 32616 CITY ST ZIP HILL D ☐ Delete ☐ Change ■ Addition NAME EDWARDS, MARNIQUE R NAME STREET ADDRESS STREET ADDRESS P.O. BOX 181 CHY \$1-7IP CHY ST ZIP ALACHUA FL 32616 1011 ☐ Delete 1000 ☐ Change ☐ Addition NAME NAME LIPFORO, VINCENT D STREET ADDRESS STREET ADDRESS 5805 NW 23RD TERR., #3 CHY-SI-7IP CHY-S1-7IP **GAINESVILLE FL 32653** HILLE ☐ Defete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CHY-ST ZIP ☐ Delete THUE. Change Addition NAME SUBT LADDRESS STREET ADDRESS CITY-S1-7IP CITY ST ZIP

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Janua A. Louis And Invited on PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Date

Date

Date

Date

Descriptions

Directify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report of supplied with the information of the certificity that the information indicated on this report of supplied with the information indicated on this report of supplied with the information of the certificity that the information indicated on this report of supplied with the information indicated on this report of supplied with the information indicated on this report of supplied with the information indicated on this report of the certificity that the information indicated on this report of the certificity that the information indicated on this report of the certificity of