


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

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90048 006 \*\*\*\*70.00

<b>DOCUMENT # N02000005547</b>	
<b>1. Entity Name</b>	
LIVING HOPE IN CHRIST OUT REACH MINISTRY, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
1120 SOUTH MAIN ST UNIT # 3 HIGH SPRINGS FL 32643	[REDACTED]

<b>2. Principal Place of Business - No P.O. Box</b>			
[REDACTED]			
<b>Suite, Apt. #, etc.</b>			
[REDACTED]			
<b>City &amp; State</b>			
[REDACTED]			

<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

1st MOORE CR2E037 (10/06)

<b>4. FEI Number</b>	<b>Applied For</b>
50-0004556	Not Applicable

<b>5. Certificate of Status Desired</b>	<b>\$8.75 Additional Fee Required</b>
<input checked="" type="checkbox"/>	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
CANNADY, LARRY D PASTOR 13783 N.W. 158 AVENUE ALACHUA FL 32616	<b>Name</b>
	<b>Street Address (P.O. Box Number is Not Acceptable)</b>
	<b>City</b>
	<b>FL</b> <b>Zip Code</b>

**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.**

<b>SIGNATURE</b>	<b>DATE</b>
[Signature]	

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
PD	CANNADY, LARRY D		
POST OFFICE BOX 1611			
ALACHUA FL 32616			
VD	CANNADY, CYNTHIA V		
POST OFFICE BOX 1611			
ALACHUA FL 32616			
D	EDWARDS, MARNIQUE R		
P.O. BOX 181			
ALACHUA FL 32616			
D	LIPFORO, VINCENT D		
5805 NW 23RD TERR., #3			
GAINESVILLE FL 32653			

**12. I hereby 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.**

<b>SIGNATURE:</b>	<b>DATE</b>
Larry D. Cannady	4/11-07 386 462-1024