

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2008 8:00 am
Secretary of State

02-19-2008 90024 012 ****70.00

DOCUMENT # N02000005547 1. Entity Name LIVING HOPE IN CHRIST OUT REACH MINISTRY, INC.			
Principal Place of Business 1120 SOUTH MAIN ST UNIT # 3 HIGH SPRINGS FL 32643		Mailing Address PO BOX 848 ALACHUA FL 32616	
2. Principal Place of Business, No P.O. Box # 615 SE 1st Ave Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 983 Suite, Apt. #, etc.	
City & State High Springs, Florida Zip 32643		City & State High Springs, Florida Zip 32655	
Country Alachua		Country Alachua	
4. FEI Number 50-0004556		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LARRY D. CANNADY, PASTOR 13783 N.W. 158 AVENUE ALACHUA FL 32616 <i>Larry D. Cannady Pastor</i>		7. Name and Address of New Registered Agent LIVING HOPE IN CHRIST OUT REACH MIN. INC. 615 S.E. MARTIN LUTHER KING BLVD. High Springs, FL 32655	
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 <i>Cynthia V. Cannady</i> 3/16/08 (NOTE: Registered Agent signature required when registering)			
FILE NOW! FEE IS \$81.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Make Check Payable to: Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME CANNADY, LARRY D	TITLE Minister	NAME TERRIE WATFIELD
STREET ADDRESS POST OFFICE BOX 1611	CITY-ST-ZIP ALACHUA FL 32616	STREET ADDRESS 16618 N.W. 173rd Terr.	CITY-ST-ZIP ALACHUA, FL 32655
TITLE VD	NAME CANNADY, CYNTHIA V	TITLE Landell Atkins	NAME Landell Atkins
STREET ADDRESS POST OFFICE BOX 1611	CITY-ST-ZIP ALACHUA FL 32616	STREET ADDRESS P.O. Box 129	CITY-ST-ZIP High Springs, FL 32655
TITLE D	NAME EDWARDS, MARNIQUE R	TITLE Prophetess	NAME L. Denise Gatson
STREET ADDRESS P.O. BOX 181	CITY-ST-ZIP ALACHUA FL 32616	STREET ADDRESS 16618 N.W. 173rd Terr	CITY-ST-ZIP ALACHUA, FL 32655
TITLE D	NAME LIPFORD VINCENT D	TITLE Minister	NAME Robert Rollins
STREET ADDRESS 5805 NW 23RD TERR., #3	CITY-ST-ZIP GAINESVILLE FL 32653	STREET ADDRESS P.O. Box 248	CITY-ST-ZIP High Springs, FL 32655
TITLE Landell Atkins (CC)	NAME Landell Atkins (CC)	TITLE Sheila Guyden	NAME Sheila Guyden
STREET ADDRESS 16618 N.W. 173rd Terr	CITY-ST-ZIP ALACHUA FL 32655	STREET ADDRESS P.O. Box 248	CITY-ST-ZIP High Springs, FL 32655
TITLE L. Denise Gatson (CC)	NAME L. Denise Gatson (CC)	TITLE Taranella Edwards	NAME Taranella Edwards
STREET ADDRESS 16618 N.W. 173rd Terr	CITY-ST-ZIP ALACHUA FL 32655	STREET ADDRESS P.O. Box 181	CITY-ST-ZIP ALACHUA FL 32655
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.			
SIGNATURE: LARRY D. Cannady <i>Larry D. Cannady</i> 3/16/08 386-462-1024 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			