2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2006
Secretary of State

DOCUMENT# N02000006332

Entity Name: OUTREACH MISSION INTERNATIONAL MINISTRY, INC.

Current Principal Place of Business:

626 REDDICK ST
MELBOURNE, FL 329017112

New Principal Place of Business:

Current Mailing Address:

PO BOX 2487
MELBOURNE, FL 329022487

New Mailing Address:

FEI Number: 33-1025015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRISON, JOHNNIE D
626 REDDICK ST
MELBOURNE, FL 329017112 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:	HARRISON, JOHNNIE	
Address:	626 REDDICK ST	
City-St-Zip:	MELBOURNE, FL 329017112	
Title:	STD	( ) Delete
Name:	ANDERSON, SHIRLEY B	
Address:	P.O.BOX 284	
City-St-Zip:	SEBRING, FL 338710284	
Title:	VD	( ) Delete
Name:	GRANT, WILLIAM	
Address:	PRINCE CHARLES DR	
City-St-Zip:	NASSAU BAHAMAS,	
Title:	M	( ) Delete
Name:	SHAZLER-HILL, MARILYN	
Address:	1710 NW 27TH TERR	
City-St-Zip:	FT LAUDERDALE, FL 33311	
Title:	C	( ) Delete
Name:	BROCKMAN, KENNETH	
Address:	2712 MAIN STREET	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	EDAC	(X) Delete
Name:	SHELTON, MICHAEL J	
Address:	2712 MAIN STREET	
City-St-Zip:	MELBOURNE, FL 32901	

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:	SM	(X) Change ( ) Addition
Name:	BROCKMAN, LINDA	
Address:	626 REDDICK STREET	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	C	(X) Change ( ) Addition
Name:	BROCKMAN, KENNETH	
Address:	626 REDDICK STREET	
City-St-Zip:	MELBOURNE, FL 32901	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHNNIE HARRISON PD 04/02/2006

Electronic Signature of Signing Officer or Director — Date