

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006332

FILED  
Jan 25, 2007  
Secretary of State

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: SM ( ) Delete  
Name: BROCKMAN, LINDA  
Address: 626 REDDICK STREET  
City-St-Zip: MELBOURNE, FL 32901

Title: C ( ) Delete  
Name: BROCKMAN, KENNETH  
Address: 626 REDDICK 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: ( ) 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 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 D. HARRISON

PD

01/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date