

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006790

FILED
Mar 19, 2008
Secretary of State

Entity Name: ADVENT MISSION OUTREACH SERVICES, INC.

Current Principal Place of Business:

211 HOWARD BLVD
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 622244
ORLANDO, FL 32862

New Mailing Address:

FEI Number: 06-1700847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUN, TONY
1934 LONGWOOD LK MARY RD
LONGWOOD, FL 32750 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: P () Delete
Name: PUN, TONY
Address: 1934 LONGWOOD LK MARY RD
City-St-Zip: LONGWOOD, FL 32750

Title: VST () Delete
Name: ZEMAN, ANTHONY D
Address: 1123 W. FAIRBANKS AVE
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: WILSON, PUN
Address: 75 EAST LOOP RD STE 125
City-St-Zip: STONY BROOK, NY 11790

Title: A.S. () Delete
Name: ROBSON, EILEEN
Address: 196 BURNESIDE
City-St-Zip: KENDAL, UK 6AB LA9

Title: M () Delete
Name: INNOCENT, ANDRE
Address: 112-04 208 STREET
City-St-Zip: QUEENS VILLAGE, NY 11429

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: M () Change (X) Addition
Name: PUN, JONATHAN M OFFICER
Address: 4550 KAWILLA CREST PL
City-St-Zip: WINTER PARK, FL 32792 SE

I hereby certify that the information supplied with this filing does not qualify 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: TONY PUN

MR

03/19/2008

Electronic Signature of Signing Officer or Director

Date