## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000007860

FILED Mar 02, 2007 Secretary of State

Entity Name: JESUS IS LORD OUTREACH MINISTRIES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 501 E. LAKE AVE. 3007 E. SHADOWLAWN AVENUE TAMPA, FL 33610 TAMPA, FL 33610 **Current Mailing Address: New Mailing Address:** 501 E. LAKE AVE. 3007 E. SHADOWLAWN AVENUE TAMPA, FL 33610 TAMPA, FL 33610 FEI Number: 14-1849367 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ERVIN-KEARNEY, LORETTA DR. 3007 E. SHADOWLAWN AVENUE TAMPA, FL 33610 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ERVIN-KEARNEY, LORETTA DR. Name: Name: 3007 E. SHADOWLAWN AVENUE Address: Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: Title: VD () Delete Title: VD (X) Change ( ) Addition VICKERS, ALA FAYE N Name: VICKERS, ALA FAYE N DR. Name: Address: 2818 E. OSBORNE AVENUE Address: 2818 E. OSBORNE AVENUE City-St-Zip: TAMPA, FL 33610 City-St-Zip: TAMPA, FL 33610 Title: () Delete Title: (X) Change ( ) Addition KEARNEY, LAMARDA K ERVIN, WILLIE L Name: Name: 3007 E. SHADOWLAWN AVE 4109 W. FIG STREET Address: Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: TAMPA, FL 33607 Title: VD ( ) Delete Title: () Change () Addition Name: ERVIN, WILLIE L Name: Address: 4019 W. FIG STREET Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: Title: () Delete Title: SD (X) Change ( ) Addition MOTHER-BARNU, GLORIA BARNUM, GLORIA J Name: Name: 501 E. LAKE AVE 2232 E. EMMA STREET Address: Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: TAMPA, FL 33610

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: DR. LORETTA E. KEARNEY PD 03/02/2007