# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 14, 2009**
**Secretary of State**

DOCUMENT# N02000008477

**Entity Name:** LAST DAYS WORLD OUTREACH, INC.

**Current Principal Place of Business:**

14521 SUNNY WATERS LANE
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

14521 SUNNY WATERS LANE
DELRAY BEACH, FL 33484

**New Mailing Address:**

**FEI Number: 54-2084705** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KURTZER, SEYMOUR
14521 SUNNY WATERS LANE
DELRAY BEACH, FL 33484 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: | KURTZER, JEFFREY A | |
| Address: | 14521 SUNNY WATERS LANE | |
| City-St-Zip: | DELRAY BEACH, FL 33484 | |
| Title: | D | ( ) Delete |
| Name: | GIAMO, JOHN | |
| Address: | 9538 US HWY #441 | |
| City-St-Zip: | BOYNTON BEACH, FL 33437 | |
| Title: | D | ( ) Delete |
| Name: | KURTZER, SEYMORE | |
| Address: | 14521 SUNNY WATERS LANE | |
| City-St-Zip: | DELRAY BEACH, FL 33484 | |
| Title: | D | ( ) Delete |
| Name: | KURTZER, LITA | |
| Address: | 14521 SUNNY WATERS LANE | |
| City-St-Zip: | DELRAY BEACH, FL 33484 | |
| Title: | MR | ( ) Delete |
| Name: | ANNORENO, ROBERT | |
| Address: | 4401 COCO PLUM WAY | |
| City-St-Zip: | DELRAY BEACH, FL 33345 | |
| Title: | MR | ( ) Delete |
| Name: | GORRIN, JOHN | |
| Address: | 8538 HWY 441 | |
| City-St-Zip: | BOYNTON BEACH, FL 33437 | |

**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: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

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: JEFFREY KURTZER PD 04/14/2009

Electronic Signature of Signing Officer or Director — Date