

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002541

FILED
Apr 30, 2009
Secretary of State

Entity Name: SPOTLIGHT OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

1410 NIEUPORT LANE
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

1410 NIEUPORT LANE
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 76-0729123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, BETTIE J
4057 GALLAGHER LOOP
CASSELBERRY, FL 32707 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: BURNS, BETTIE J
Address: 4057 GALLAGHER LOOP
City-St-Zip: CASSELBERRY, FL 32707

Title: VP () Delete
Name: BURNS, ANTHONY D
Address: 4057 GALLAGHER LOOP
City-St-Zip: CASSELBERRY, FL 32707

Title: SEC () Delete
Name: SMITH, ANDREA L
Address: 4453 CONLEY ST
City-St-Zip: ORLANDO, FL 32811

Title: TR () Delete
Name: INGS, DANIEL E
Address: 4231 PAPPY KENNEDY ST
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: DAVIS, PATRICIA
Address: 1325 42ND STREET
City-St-Zip: ORLANDO, FL 32439

Title: D (X) Delete
Name: BASON, REGINA
Address: 2508 SUPERIOR ST
City-St-Zip: OPA LOCKA, FL 33054

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
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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: BETTIE BURNS

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date