2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2008
Secretary of State

DOCUMENT# N04000000048

Entity Name: FAITH FAMILY OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

14525 VELLEUX DRIVE
ORLANDO, FL 32837

New Principal Place of Business:

1132 E. DONEGAN AVE
KISSIMMEE, FL 34744

Current Mailing Address:

14525 VELLEUX DRIVE
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 42-1564039 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREAVES, SHAWN
14525 VELLEUX DRIVE
ORLANDO, FL 32837 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: DP ( ) Delete
Name: GREAVES, SHAWN
Address: 14525 VELLEUX DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: DT ( ) Delete
Name: CAINES, JACINTH
Address: 2785 TROPICAL LAKES
City-St-Zip: KISSIMMEE, FL 34745

Title: D ( ) Delete
Name: SCOBURGH, VINCENT
Address: 874 FLORIDA PARKWAY
City-St-Zip: KISSIMMEE, FL 34743

Title: DS ( ) Delete
Name: CARPENTER, JERRY
Address: 214 CHADWORTH DRIVE
City-St-Zip: KISSIMMEE, FL 34758

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:

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: S. GREAVES DP 01/26/2008
Electronic Signature of Signing Officer or Director — Date