

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 27, 2007
Secretary of State

DOCUMENT# N04000002745

Entity Name: HEDGES & HIGHWAYS OUTREACH MINISTRIES, INC**Current Principal Place of Business:**7578 NEW KINGS RD
JACKSONVILLE, FL 32219**New Principal Place of Business:****Current Mailing Address:**6169 POPE PLACE
JACKSONVILLE, FL 32209**New Mailing Address:****FEI Number:** 59-3701403**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MATTHEWS, BRUCE
6169 POPE PLACE
JACKSONVILLE, FL 32209 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:** D () Delete
Name: MATTHEWS, BRUCE A SR
Address: 6169 POPE PLACE
City-St-Zip: JACKSONVILLE, FL 32209**Title:** D () Delete
Name: GRADY, JIMMY
Address: 10310 PLANTERS WOOD DR
City-St-Zip: JACKSONVILLE, FL 32218**Title:** T () Delete
Name: MATTHEWS, LAURENE D
Address: 6169 POPE PLACE
City-St-Zip: JACKSONVILLE, FL 32209**Title:** S () Delete
Name: BROWN, WENNEL G
Address: 10765 MAREEBA ROAD
City-St-Zip: JACKSONVILLE, FL 32246**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: BRUCE A. MATTHEWS SR.

D

08/27/2007

Electronic Signature of Signing Officer or Director

Date