## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000002745

FILED Jun 05, 2008 Secretary of State

Entity Name: HEDGES & HIGHWAYS OUTREACH MINISTRIES, INC **Current Principal Place of Business: New Principal Place of Business:** 7578 NEW KINGS RD JACKSONVILLE, FL 32219 **Current Mailing Address: New Mailing Address:** 6169 POPE PLACE JACKSONVILLE, FL 32209 FEI Number: 59-3701403 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MATTHEWS, BRUCE 6169 POPE PLACE JACKSONVILLE, FL 32209 US 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: (X) Change ( ) Addition () Delete MATTHEWS, BRUCE A SR MATTHEWS, BRUCE A SR Name: Name: 6169 POPE PLACE Address: 6169 POPE PLACE Address: City-St-Zip: JACKSONVILLE, FL 32209 City-St-Zip: JACKSONVILLE, FL 32209 US Title: () Delete Title: (X) Change ( ) Addition Name: GRADY, JIMMY Name: BRAILSFORD, MARLAND M Address: 10310 PLANTERS WOOD DR Address: 1416 REDBIRD CREEK DR. City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32221 US Title: () Delete Title: (X) Change ( ) Addition MATTHEWS, LAURENE D MATTHEWS, LAURENE D Name: Name: 6169 POPE PLACE 6169 POPE PLACE Address: Address: City-St-Zip: JACKSONVILLE, FL 32209 City-St-Zip: JACKSONVILLE, FL 32209 US Title: ( ) Delete Title: (X) Change ( ) Addition Name: BROWN, WENNELL G Name: BROWN, WENNELL G 10765 MAREEBA ROAD 10765 MAREEBA ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: JACKSONVILLE, FL 32246 US Title: () Delete Title: ( ) Change (X) Addition JONES, VIRGIL C JR Name: Name: 11548 KINGS RIDGE CT. S Address: Address: JACKSONVILLE, FL 32218 US City-St-Zip: 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. DIR 06/05/2008