2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
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 ( )**
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:

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 US

Title: D ( ) Delete
Name: BRAILSFORD, MARLAND M
Address: 1416 REDBIRD CREEK DR.
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: T ( ) Delete
Name: MATTHEWS, LAURENE D
Address: 6169 POPE PLACE
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: S ( ) Delete
Name: BROWN, WENNELL G
Address: 10765 MAREEBA ROAD
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: O ( ) Delete
Name: JONES, VIRGIL C JR
Address: 11548 KINGS RIDGE CT. S
City-St-Zip: JACKSONVILLE, FL 32218 US

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:

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 MATTHEWS DIR 05/01/2009
Electronic Signature of Signing Officer or Director — Date