

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005768

FILED
May 31, 2009
Secretary of State

Entity Name: LIFELINE OUTREACH INTERNATIONAL COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

755 ACORN ST
JACKSONVILLE, FL 32209

New Principal Place of Business:

1975W2STREET
JACKSONVILLE, FL 32209

Current Mailing Address:

755 ACORN ST
JACKSONVILLE, FL 32209

New Mailing Address:

1975W22 STREET
JACKSONVILLE, FL 32209

FEI Number: 20-1206019 **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:

PHILLIPS, BRUCE B DR
755 ACORN ST
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

PHILLIPS, BRUCE B DR
1975W22 STREET
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: _____

05/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PHILLIPS, BRUCE B DR
Address: 3428 PHOENIX AVE
City-St-Zip: JACKSONVILLE, FL 32206

Title: VD () Delete
Name: PHILLIPS, MATTIE
Address: 3428 PHOENIX AVE
City-St-Zip: JACKSONVILLE, FL 32206

Title: SD () Delete
Name: JOHNSON, PATRICIA
Address: 4218 SPRINGFIELD BLVD
City-St-Zip: JACKSONVILLE, FL 32206

Title: TD () Delete
Name: BRADLEY, JESSE
Address: 1980 W 3RD ST
City-St-Zip: JACKSONVILLE, FL 32209

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 B.PHILLIPS

PD

05/31/2009

Electronic Signature of Signing Officer or Director

Date