2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008
Secretary of State

DOCUMENT# N04000006978

Entity Name: LAUNCH OUT MINISTRIES INTERNATIONAL, INCORPORATED

Current Principal Place of Business:

BOX 543102
MERRITT ISLAND, FL 32954

New Principal Place of Business:

Current Mailing Address:

BOX 543102
MERRITT ISLAND, FL 32954

New Mailing Address:

FEI Number: 86-1112029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FINNIE, RYAN
1109 BASALONA DRIVE
ROCKLEDGE, FL 32955 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: P ( ) Delete
Name: FINNIE, RYAN
Address: 1109 BASALONA DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP ( ) Delete
Name: FINNIE, JULIE
Address: 1109 BASALONA DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: ST ( ) Delete
Name: HEGI, AMY
Address: BOX 543102
City-St-Zip: MERRITT ISLAND, FL 32954

Title: D ( ) Delete
Name: HEGI, TODD
Address: BOX 543102
City-St-Zip: MERRITT ISLAND, FL 32954

Title: D ( ) Delete
Name: FINNIE, REGINA
Address: 1109 BASALONA DRIVE
City-St-Zip: ROCKLEDGE, FL 32954

Title: D ( ) Delete
Name: TSCHIAKA, JOYCE
Address: 305 N WATER
City-St-Zip: ROCHESTER, IL 62563

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:

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: RYAN FINNIE P 03/20/2008
Electronic Signature of Signing Officer or Director — Date