

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008875

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** SEVENTHDAY CHURCH OF GOD OUTREACH MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

712 ANDERSON STREET  
MASCOTTE, FL 34753 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 125  
MASCOTTE, FL 34753 US

**New Mailing Address:**

P.O. BOX 580606  
ORLANDO, FL 32858 US

**FEI Number:** 30-0294823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEWELL, SELVYN M  
1072 SINGLETON CIRCLE  
GROVELAND, FL 34736 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: PRES ( ) Delete  
Name: SEWELL, SELVYN M  
Address: 1072 SINGLETON CIRCLE  
City-St-Zip: GROVELAND, FL 34736 US

Title: V.P. ( ) Delete  
Name: HAYLES, DANIEL  
Address: 408 W. DELAVAN AVENUE  
City-St-Zip: BUFFALO, NY 14213 US

Title: SEC. ( ) Delete  
Name: HAYLES, PAULETTE D  
Address: 408 W. DELAVAN AVENUE,  
City-St-Zip: BUFFALO, NY 14213 US

Title: A/SE ( ) Delete  
Name: MODESTE, JANIS  
Address: 1211 WINDY MEADOW DRIVE  
City-St-Zip: CLERMONT, FL 34711 US

Title: TREA ( ) Delete  
Name: MODESTE, PHILIP M  
Address: 1211 WINDY MEADOW DRIVE,  
City-St-Zip: CLAREMONT, FL 34711 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V.P. (X) Change ( ) Addition  
Name: ROWE, OWEN  
Address: 4802 BASSWOOD LANE  
City-St-Zip: ORLANDO, FL 32808 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: A/SE (X) Change ( ) Addition  
Name: WILLIAMSON, DONNAE  
Address: 9525 WATER ORCHID AVE.  
City-St-Zip: CLERMONT, FL 34711 US

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: SELVYN M. SEWELL

MR.

04/29/2008

Electronic Signature of Signing Officer or Director

Date