

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009472

FILED
Apr 01, 2008
Secretary of State

Entity Name: AS YOU ARE COMMUNITY OUTREACH MINISTRIES INC

Current Principal Place of Business:

1818 MOSELEY ST
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1818 MOSELEY ST
JACKSONVILLE, FL 32207

New Mailing Address:

PO BOX 5515
JACKSONVILLE, FL 32247

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AS YOUR ARE COMMUNITY OUTREACH MINITRIES
4969 ORMEWOOD CT
JACKSONVILLE, FL 32207 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: GARRETT, SHERIDAN R
Address: 8039 FABRAY DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP () Delete
Name: SIMMS, CHARLES C PASTOR
Address: 10236 WOODLEY CREEK RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: DAVIS, CORNELIOUS ELDER
Address: 3610 DREXEL ST.
City-St-Zip: JACKSONVILLE, FL 32207

Title: S () Delete
Name: THOMAS, PATRICIA
Address: 5830 GERANIUM RD
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: SHERIDAN R. GARRETT

P

04/01/2008

Electronic Signature of Signing Officer or Director

Date