


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90005 016 ****61.25

DOCUMENT # N05000001351 1. Entity Name BACK TO BASICS 2 OUTREACH MINISTRIES INC.			
Principal Place of Business 431 HUBBARD STREET DELAND, FL 32720		Mailing Address 431 HUBBARD STREET DELAND, FL 32720	
2. Principal Place of Business - No P.O. Box # 918 South Adelle Ave Suite, Apt. #, etc.		3. Mailing Address 918 South Adelle Avenue Suite, Apt. #, etc.	
City & State DeLand, Fl. Zip 32720 Country USA		City & State DeLand, Fl. Zip 32720 Country USA	
6. Name and Address of Current Registered Agent BROWN, ANTHONY M 431 HUBBARD STREET DELAND, FL 32720		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 918 S. Adelle Ave. City DeLand FL Zip Code 32720	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Anthony M. Brown</i></u> DATE <u>5/6/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	D <input type="checkbox"/> Delete ANTHONY, BROWN M 2832 JEWEL AVENUE DELTONA, FL 32738	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1409 Meadowlark Drive DELTONA, FL 32725
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	D <input type="checkbox"/> Delete BANKS, DONNA M 910 S. ADELLE AVE DELAND, FL 32720	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	D <input type="checkbox"/> Delete ANDERSON, GRANDVILLE 935 S. ADELLE AVE DELAND, FL 32720	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DELETE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	D <input type="checkbox"/> Delete BROWN, KATHERINE L 2832 JEWEL AVENUE DELTONA, FL 32738	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1409 Meadowlark Drive DELTONA, FL 32725
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	D <input type="checkbox"/> Delete GILES, JAMES 274 SUMNER PL BUFFALO, NY 14212	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Anthony M. Brown</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/6/08 (386) 742-1383 <small>Date Daytime Phone #</small>	