

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001351

FILED
Apr 28, 2009
Secretary of State

Entity Name: BACK TO BASICS 2 OUTREACH MINISTRIES INC.

Current Principal Place of Business:

918 SOUTH ADELLE AVE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

918 SOUTH ADELLE AVE
DELAND, FL 32720

New Mailing Address:

FEI Number: 56-2658923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, ANTHONY M
918 S. ADELLE AVE.
DELAND, FL 32720 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: D () Delete
Name: ANTHONY, BROWN M
Address: 1409 MEADOWLARK DRIVE^
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: BANKS, DONNA M
Address: 910 S. ADELLE AVE
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: BROWN, KATHERINE L
Address: 1409 MEADOWLARK DRIVE
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: GILES, JAMES
Address: 274 SUMNER PL
City-St-Zip: BUFFALO, NY 14212

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: HARRIS, TAMIKA
Address: 221 WEST WISCONSIN AVENUE APT. B
City-St-Zip: DELAND, FL 32720

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: ANTHONY BROWN

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date