


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000004508	
1. Entity Name FOOD OUTREACH MINISTRY, INC.	

FILED

07 APR 12 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 1346B SOUTH ALABAMA ST TALLAHASSEE, FL 32301	Mailing Address 506 DUPONT DRIVE TALLAHASSEE, FL 32305
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2. Principal Place of Business - No P.O. Box # 704 West Orange Ave Suite, Apt. #, etc. Tallahassee FLA	3. Mailing Address 506 Dupont Drive Suite, Apt. #, etc. Tallahassee FLA
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04122007 Chg-NP CR2E037 (12/06)

City & State Tallahassee FLA	City & State Tallahassee FLA
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4. FEI Number 52-2459121	Applied For Not Applicable
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Zip 32310	Country LEON	Zip 32305	Country LEON
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENRY, LEROY 506 DUPONT DRIVE TALLAHASSEE, FL 32305	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.
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SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENRY, LEROY 506 DUPONT DRIVE TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENRY, BARBARA 506 DUPONT DRIVE TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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04/19/07--01032--029 \*\*61.25

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.
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SIGNATURE: Barbara Henry  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-07 850 544 5233  
Date Daytime Phone #