2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N05000009754

Entity Name: MURRAY REEVES FAITH & BELIEF OUTREACH MINISTRIES, INC

Current Principal Place of Business:

390 SE COUNTY ROAD 337
TRENTON, FL 32693 US

New Principal Place of Business:

Current Mailing Address:

390 SE COUNTY ROAD 337
TRENTON, FL 32693 US

New Mailing Address:

FEI Number: 20-3523413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REEVES, MURRAY F
390 SE COUNTY RD 337
TRENTON, FL 32693 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: PD ( ) Delete
Name: REEVES, MURRAY F
Address: 390 SE COUNTY RD 337
City-St-Zip: TRENTON, FL 32693

Title: S/TD ( ) Delete
Name: REEVES, KATHRYN H
Address: 390 SE COUNTY RD 337
City-St-Zip: TRENTON, FL 32693

Title: VPD ( ) Delete
Name: KEEN, TSCHARNA N
Address: 1534 SW DEKLE RD
City-St-Zip: LAKE CITY, FL 32024

Title: VPD ( ) Delete
Name: ARRINGTON, HOPE
Address: 7239 SE 80TH STREET
City-St-Zip: TRENTON, FL 32693

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: KATHRYN H REEVES S/TD 01/09/2009
Electronic Signature of Signing Officer or Director — Date