## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000012602

Entity Name: OUTLANDERS MINISTRY, INC.

FILED Jul 16, 2007 Secretary of State

US

Current Principal Place of Business: New P	rincipal Place of Business:
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4860 HOLLY DRIVE

PALM BEACH GARDENS, FL 33410

Current Mailing Address: New Mailing Address:

4860 HOLLY DRIVE

PALM BEACH GARDENS, FL 33410

FEI Number: 20-3969653 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHATHAM, LATRICIA GERBER, MICHELLE

12300 ALTÉRNATE A1A 12096 ALTERNATE A1A, UNIT F-1 SUITE 120 PALM BEACH GARDENS, FL 33410

PALM BEACH GARDENS, FL 33410 US

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: MICHELLE GERBER 07/16/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 GIDDENS, SCOTT W
 Name:
 GIDDENS, SCOTT W

 Address:
 4122 LAKESPUR CIR S
 Address:
 11593 WINCHESTER DRIVE

 City-St-Zip:
 PALM BEACH GARDENS, FL 33410
 City-St-Zip:
 PALM BEACH GARDENS, FL 33410

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HONSE, JUSTIN M
 Name:

 Address:
 3223 B MERIDIAN WAY
 Address:

 City-St-Zip:
 PALM BEACH GARDENS, FL 33410
 City-St-Zip:

Title: SEC ( ) Delete Title: SEC (X) Change ( ) Addition

Name:GERBER, MICHELLEName:BALDWIN, SANDRA MAddress:12096 ALTERNATE A1A, UNIT F-1Address:4962 SABLE PINE CIR UNIT A-1City-St-Zip:PALM BEACH GARDENS, FL 33410City-St-Zip:WEST PALM BEACH, FL 33417

Title: TRES (X) Delete Title: ( ) Change ( ) Addition

 Name:
 GRANT, DOROTHY L
 Name:

 Address:
 353 OSBORNE DRIVE
 Address:

 City-St-Zip:
 PALM SPRINGS, FL 33461
 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: SCOTT GIDDENS PRES 07/16/2007