2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012602

Entity Name: OUTLANDERS MINISTRY, INC.

FILED Apr 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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 ()

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

GERBER, MICHELLE HONSE, JUSTIN M 12096 ALTERNATE A1A. UNIT F-1 3223 B MERIDIAN WAY

PALM BEACH GARDENS, FL 33410 US 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: JUSTIN HONSE 04/16/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

 Address:
 11593 WINCHESTER DRIVE
 Address:
 6216 ALLEN STREET

 City-St-Zip:
 PALM BEACH GARDENS, FL 33410
 City-St-Zip:
 JUPITER, FL 33458

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

 Name:
 HONSE, JUSTIN M
 Name:
 ROBERT, MACDONALD

 Address:
 3223 B MERIDIAN WAY
 Address:
 3618 ALDER DRIVE H-1

 City-St-Zip:
 PALM BEACH GARDENS, FL 33410
 City-St-Zip:
 WEST PALM BEACH, FL 33417

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

 Name:
 BALDWIN, SANDRA M
 Name:

 Address:
 4962 SABLE PINE CIR UNIT A-1
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33417
 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 P 04/16/2008