


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90031 032 ****61.25

DOCUMENT # N06000000221 1. Entity Name EVERLASTING LIFE OUTREACH, INC.			
Principal Place of Business 1438 GREENWAY PLACE MONTGOMERY, AL 36117		Mailing Address 1438 GREENWAY PLACE MONTGOMERY, AL 36117	
2. Principal Place of Business - No P.O. Box # 901 Seaton Circle Suite, Apt. #, etc.		3. Mailing Address 901 Seaton Circle Suite, Apt. #, etc.	
City & State Montgomery, AL Zip Country 36116 USA		City & State Montgomery, AL Zip Country 36116 USA	
4. FEI Number 20-4169555		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRYANS, CHRIS 2853 SARAZEN COURT MELBOURNE, FL 32935		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALMINEN, JIM 213 CHOCTAW DRIVE MONTGOMERY, AL 36117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Finesilver, Michael 901 Seaton Circle Montgomery, AL 36116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEALEY, TOM 8654 ASHEWORTH DRIVE MONTGOMERY, AL 36117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEALEY, KAREN 8654 ASHEWORTH DRIVE MONTGOMERY, AL 36117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPKE, CARTER 1951 DEMONBRUEN DRIVE MONTGOMERY, AL 36054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPKE, MELANIE 1951 DEMONBRUEN DRIVE MONTGOMERY, AL 36054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMITT, HANK 3135 MONTEZUMA ROAD MONTGOMERY, AL 36106	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <u>Michael Finesilver</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>1/17/07 (334)260-3658</u> Date Daytime Phone #	