2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# N06000000221

Entity Name: EVERLASTING LIFE OUTREACH, INC.

Current Principal Place of Business:

1529 CORAL RIDGE DR.
CORAL SPRINGS, FL 33071

New Principal Place of Business:

7727 SOUTHAMPTON TERRACE
BUILD. F, UNIT 209
TAMARAC, FL 33321

Current Mailing Address:

1529 CORAL RIDGE DR.
CORAL SPRINGS, FL 33071

New Mailing Address:

7727 SOUTHAMPTON TERRACE
BUILD. F, UNIT 209
TAMARAC, FL 33321

FEI Number: 20-4169555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRYANS, CHRIS
2853 SARAZEN COURT
MELBOURNE, FL 32935 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: D ( ) Delete
Name: SALMINEN, JIM
Address: 213 CHOCTAW DRIVE
City-St-Zip: MONTGOMERY, AL 36117

Title: D ( ) Delete
Name: HEALEY, TOM
Address: 8654 ASHEWORTH DRIVE
City-St-Zip: MONTGOMERY, AL 36117

Title: D ( ) Delete
Name: HEALEY, KAREN
Address: 8654 ASHEWORTH DRIVE
City-St-Zip: MONTGOMERY, AL 36117

Title: D ( ) Delete
Name: PAPKE, CARTER
Address: 1951 DEMONBRUEN DRIVE
City-St-Zip: MONTGOMERY, AL 36054

Title: D ( ) Delete
Name: PAPKE, MELANIE
Address: 1951 DEMONBRUEN DRIVE
City-St-Zip: MONTGOMERY, AL 36054

Title: D ( ) Delete
Name: SCHMITT, HANK
Address: 3135 MONTEZUMA ROAD
City-St-Zip: MONTGOMERY, AL 36106

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:

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: CARTER PAPKE PRES 02/05/2008
Electronic Signature of Signing Officer or Director — Date