

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000221

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** EVERLASTING LIFE OUTREACH, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

7542 FAIRFAX DR  
TAMARAC, FL 33321

**Current Mailing Address:**

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

**New Mailing Address:**

7542 FAIRFAX DR.  
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: D (X) Change ( ) Addition  
Name: HEALEY, TOM  
Address: 74 8TH ST.  
City-St-Zip: ECLECTIC, AL 36024

Title: D (X) Change ( ) Addition  
Name: HEALEY, KAREN  
Address: 74 8TH ST.  
City-St-Zip: ECLECTIC, AL 36024

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: MICHAEL FINESILVER

DIR.

03/24/2009

Electronic Signature of Signing Officer or Director

Date