2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# N06000001507

Entity Name: FAITH MISSION OUTREACH MINISTRIES INC.

Current Principal Place of Business:

8601 W. COMMERCIAL BLVD
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 190273
SUNRISE, FL 33319

New Mailing Address:

FEI Number: 20-4089503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MC CALLA, VEDA PRES.
6190 WOODLAND BLVD
TAMARAC, FL 33319 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: P ( ) Delete
Name: MC CALLA, VEDA G PRES
Address: 6190 WOODLAND BLVD
City-St-Zip: TAMARAC, FL 33319

Title: VP ( ) Delete
Name: SAMUELS, DESMOND V/PRES
Address: 9425 NW 42 ST
City-St-Zip: SUNRISE, FL 33351

Title: SEC. ( ) Delete
Name: SAMUELS, JACQUELINE M SEC
Address: 9425 NW 42 STREET
City-St-Zip: SUNRISE, FL 33351

Title: OFF ( ) Delete
Name: NEIL- MORGAN, DEBBIE S OFFP
Address: 9300 NW 67 STREET
City-St-Zip: TAMARAC, FL 33321

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: OFF (X) Change ( ) Addition
Name: JOSEPHS, HOWARD N OFF
Address: 11331 NW 37TH PLACE
City-St-Zip: SUNRISE, FL 33323

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: VEDA MC CALLA PRES 04/27/2008

Electronic Signature of Signing Officer or Director — Date