

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001672

FILED
May 20, 2009
Secretary of State

Entity Name: DR. HUGH MCARTHUR CONNOR OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

10460 SW 204 TERRACE
CUTLER BAY, FL 33189

New Principal Place of Business:

Current Mailing Address:

10460 SW 204 TERRACE
CUTLER BAY, FL 33189

New Mailing Address:

FEI Number: 20-4286472 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CONNOR, HUGH M - P
10460 SW 204 TERRACE
CUTLER BAY, FL 33189 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONNOR, HUGH
Address: 10460 SW 204 TERRACE
City-St-Zip: CUTLER BAY, FL 33189

Title: T () Delete
Name: FELL, TREVOR
Address: 1731 NW 186 ST
City-St-Zip: MIAMI, FL 33056

Title: S () Delete
Name: RICHARDSON, JOY
Address: 4606 SW 139 CT - UNIT D
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HAY, AUDREY
Address: 20726 SW SW 120 CT
City-St-Zip: MIAMI, FL 33177

Title: S (X) Change () Addition
Name: GRANT, ARLINE
Address: 14965 DUNBAR DR
City-St-Zip: MIAMI, FL 33176

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: HUGH M CONNOR

P

05/20/2009

Electronic Signature of Signing Officer or Director

Date