

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002579

FILED
Jan 16, 2008
Secretary of State

Entity Name: JESUS IS... OUTREACH MINISTRY INC

Current Principal Place of Business:

26500 LOBLOLLY BAY ROAD
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

26500 LOBLOLLY BAY ROAD
LABELLE, FL 33935

New Mailing Address:

FEI Number: 20-4446841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANT, ALEX L
26500 LOBLOLLY BAY ROAD
LABELLE, FL 33935 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: GRANT, ALEX L
Address: 26500 LOBLOLLY BAY ROAD
City-St-Zip: LABELLE, FL 33935

Title: S () Delete
Name: GRANT, MARY
Address: 26500 LOBLOLLY BAY ROAD
City-St-Zip: LABELLE, FL 33935

Title: VP (X) Delete
Name: HOWARD, L W
Address: 4965 SEMINOLE AVENUE SW
City-St-Zip: LABELLE, FL 33935

Title: T () Delete
Name: WILLIAMS, L.D. JR.
Address: 314 MONTGOMERY AVE
City-St-Zip: FORT MYERS, FL 33905

Title: D () Delete
Name: SCOTT, ORVILLE
Address: 101 PAULA AVE. N.
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S T (X) Change () Addition
Name: GRANT, MARY
Address: 26500 LOBLOLLY BAY ROAD
City-St-Zip: LABELLE, FL 33935

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

Title: VP (X) Change () Addition
Name: WILLIAMS, L.D. JR.
Address: 314 MONTGOMERY AVE
City-St-Zip: FORT MYERS, FL 33905

Title: D (X) Change () Addition
Name: SCOTT, ORVILLE
Address: 1619 RICHMOND AV
City-St-Zip: LEHIGH ACRES, FL 33972

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: ALEX L. GRANT

P

01/16/2008

Electronic Signature of Signing Officer or Director

Date