

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90136 035 \*\*\*\*61.25

<b>DOCUMENT # N06000003930</b> 1. Entity Name <b>MY INSPIRATION FOR GOD'S NEWS OUT REACH MINISTRY, INC.</b>					
Principal Place of Business 5389 SPRINGHILL DRIVE PENSACOLA, FL 32503			Mailing Address 5389 SPRINGHILL DRIVE PENSACOLA, FL 32503		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 9027</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Pensacola, Florida</b>		4. FEI Number <b>02-0787354</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32513</b>		Country <b>U.S.</b>		04112008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>WATTS, EMMA H</b> <b>5389 SPRINGHILL DRIVE</b> <b>PENSACOLA, FL 32503</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME WATTS, EMMA H STREET ADDRESS 5389 SPRINGHILL DRIVE CITY-ST-ZIP PENSACOLA, FL 32503	<input type="checkbox"/> Delete		TITLE Board Asst. Director NAME Averhart, Barbara Butler STREET ADDRESS 429 Clay Street CITY-ST-ZIP Pensacola, Florida 32503	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WATTS, KENNETH L STREET ADDRESS 5389 SPRINGHILL DRIVE CITY-ST-ZIP PENSACOLA, FL 32503	<input type="checkbox"/> Delete		TITLE Youth Min. Director NAME Henderson, Gregory Bernard Sr. STREET ADDRESS 1360-A Pinnacle Drive CITY-ST-ZIP Pensacola, Florida 32504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME WATTS, JASMINE L STREET ADDRESS 5389 SPRINGHILL DRIVE CITY-ST-ZIP PENSACOLA, FL 32503	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME THOMPSON, O'NEAL SR. STREET ADDRESS 5389 SPRINGHILL DRIVE CITY-ST-ZIP PENSACOLA, FL 32503	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME JOHNSON, PAUL SR STREET ADDRESS 1608 E. FISHER CITY-ST-ZIP PENSACOLA, FL 32503	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Emma H. Watts</i> * Emma H. Watts			Date: <b>4/11/08</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Daytime Phone #: <b>(850) 484 6824</b>		