

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003930

FILED
Apr 08, 2009
Secretary of State

Entity Name: MY INSPIRATION FOR GOD'S NEWS OUT REACH MINISTRY, INC.

Current Principal Place of Business:

5389 SPRINGHILL DRIVE
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9027
PENSACOLA, FL 32513

New Mailing Address:

FEI Number: 02-0787354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATTS, EMMA H
5389 SPRINGHILL DRIVE
PENSACOLA, FL 32503 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: WATTS, EMMA H
Address: 5389 SPRINGHILL DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: WATTS, KENNETH L
Address: 5389 SPRINGHILL DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: S () Delete
Name: WATTS, JASMINE L
Address: 5389 SPRINGHILL DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: THOMPSON, O'NEAL SR.
Address: 5389 SPRINGHILL DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: TD () Delete
Name: JOHNSON, PAUL SR
Address: 1608 E. FISHER
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: AVERHART, BARBARA B
Address: 429 CLAY STREET
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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: EMMA H. WATTS

DIR

04/08/2009

Electronic Signature of Signing Officer or Director

Date