


FILED
May 21, 2007 8:00 am
Secretary of State

66015751

DOCUMENT # N06000007625 1. Entity Name LAST RESORT OUTREACH MINISTRIES, INC.			
Principal Place of Business 2679 N.W. 91ST LANE BRANFORD, FL 32608		Mailing Address PO BOX 128 BELL, FL 32619	
2. Principal Place of Business - No P.O. Box # 2679 NW 91 LN		3. Mailing Address P.O. Box 128	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BRANFORD FL 32608		City & State BELL, FL 32619	
Zip FL		Zip 32619	
Country USA		Country USA	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LARCHE, JAMES G JR. 4041 N.W. 37TH PLACE SUITE B GAINESVILLE, FL 32606		7. Name and Address of New Registered Agent Name Jon Van Rider Street Address (P.O. Box Number is Not Acceptable) 2679 NW 91 LN City BELL FL Zip Code 32619	
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 Jon Van Rider JURR 04/06/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP President / OFFICER Jon Van Rider 2679 NW 91 LN BRANFORD FL 32619		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer / OFFICER Esther Van Rider 2679 NW 91 LN BRANFORD FL 32619		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP OFFICER / Vice President Freddie Coile 2694 Hwy 174 DANVILLE GA 30633		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP OFFICER / Secretary Jawer Coile 2694 Hwy 174 DANVILLE GA 30633		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		<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.			
SIGNATURE: Jon Van Rider JURR <small>SIGNATURE AND TYPED OR PRINTED NAME OF Sponsoring OFFICER OR DIRECTOR</small>		04/07 386-697-4040 <small>Date Daytime Phone</small>	