

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007625

FILED
Feb 24, 2008
Secretary of State

Entity Name: LAST RESORT OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

2679 N.W. 91ST LANE
BRANFORD, FL 32608

New Principal Place of Business:

Current Mailing Address:

PO BOX 128
BELL, FL 32619

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIDER, JON V
2679 NW 91 LN
BELL, FL 32619 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: PO () Delete
Name: RIDER, JON V
Address: 2679 NW 91 LN
City-St-Zip: BRANFORD, FL 32619

Title: TRO () Delete
Name: VAN RIDER, ESTHER
Address: 2679 NW 91 LN
City-St-Zip: BRANFORD, FL 32619

Title: OV () Delete
Name: COILE, FREDDIE
Address: 2694 HWY 174
City-St-Zip: DANIELSVILLE, GA 30633

Title: OS () Delete
Name: COILE, JAMES
Address: 2694 HWY 174
City-St-Zip: DANIELSVILLE, GA 30633

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PO (X) Change () Addition
Name: VAN RIDER, JON
Address: 2679 NW 91 LN
City-St-Zip: BRANFORD, FL 32619

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

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

Title: OS (X) Change () Addition
Name: COILE, JANET
Address: 2694 HWY 174
City-St-Zip: DANIELSVILLE, GA 30633

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: JON VAN RIDER

PO

02/24/2008

Electronic Signature of Signing Officer or Director

Date