## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000007625

FILED Apr 15, 2009 Secretary of State

Entity Nar	me: LAST RESORT OUTREACH MINISTRII	ES, INC.		
Current Principal Place of Business:		New Principal Place	of Business:	
	91ST LANE RD, FL 32608			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
PO BOX 1: BELL, FL				
FEI Number:	: FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
RIDER, JC 2679 NW 9 BELL, FL	91 LN	VAN RIDER, JON 2679 NW 91 LN BELL, FL 32619 U	S	
	named entity submits this statement for the perfection of the perfection in a statement for the perfect for the perfec	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUF	RE: JON VAN RIDER		04/15/2009	
	Electronic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PO () Delete VAN RIDER, JON 2679 NW 91 LN BRANFORD, FL 32619	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TRO () Delete VAN RIDER, ESTHER 2679 NW 91 LN BRANFORD, FL 32619	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	OV () Delete COILE, FREDDIE 2694 HWY 174 DANIELSVILLE, GA 30633	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	OS () Delete COILE, JANET 2694 HWY 174 DANIELSVILLE, GA 30633	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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. 04/15/2009