

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011681

FILED  
May 02, 2008  
Secretary of State

**Entity Name:** THE WAY THE TRUTH THE LIFE OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

26170 MAMORA DRIVE  
PUNTA GORDA, FL 33983

**New Principal Place of Business:**

**Current Mailing Address:**

26170 MAMORA DRIVE  
PUNTA GORDA, FL 33983

**New Mailing Address:**

**FEI Number:** 20-5856750      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 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: DP      ( ) Delete  
Name: GOMEZ, CARL A  
Address: 26170 MAMORA DRIVE  
City-St-Zip: PUNTA GORDA, FL 33983

Title: DS      (X) Delete  
Name: SURGEON, VANESSA  
Address: 26170 MAMORA DRIVE  
City-St-Zip: PUNTA GORDA, FL 33983

Title: DT      ( ) Delete  
Name: GOMEZ, JUDITH A  
Address: 26170 MAMORA DRIVE  
City-St-Zip: PUNTA GORDA, FL 33983

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: CARL GOMEZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

05/02/2008

\_\_\_\_\_  
Date