2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012919

FILED May 01, 2007 Secretary of State

Entity Name: SHALOM WORLDWIDE HEALING AND OUTREACH MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: 1950 PAINE AVE #32 5028 PLYMOUTH ROAD JACKSONVILLE, FL 32211 SUITES #2 & #3 JACKSONVILLE, FL 32210 **Current Mailing Address:** New Mailing Address: 1950 PAINE AVE 1950 PAINE AVE #32 JACKSONVILLE, FL 32211 SUITE #32 JACKSONVILLE, FL 32211 FEI Number: 20-5944396 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: TAYLOR, RUSSELL 1950 PAINE AVE #32 JACKSONVILLE, FL 32211 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete TAYLOR, RUSSELL TAYLOR, RUSSELL Name: Name: 1950 PAINE AVE #32 Address: 1950 PAINE AVE #32 Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: JACKSONVILLE, FL 32211 Title: () Delete Title: () Change () Addition RAMSEY, SHAMANDA Name: Name: Address: 5703 ARLINGTON RD Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: Title: () Delete Title: (X) Change () Addition KELLEY, SAMUEL Name: KELLEY, SAMUEL Name: 11291 HARTS RD APT 1005 11291 HARTS RD APT 1005 Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218 Title: () Delete Title: C,S (X) Change () Addition Name: TAYLOR, SHEILA A Name: TAYLOR, SHEILA A 1950 PAINE AVE #32 Address: 1950 PAINE AVE #32 Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: JACKSONVILLE, FL 32211 Title: () Delete Title: () Change (X) Addition ARTIS, LATONIA Name: Name: 4534 BLOUNT AVE Address: Address: JACKSONVILLE, FL 32210 City-St-Zip: 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: RUSSELL TAYLOR P,F 05/01/2007