2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2008
Secretary of State

DOCUMENT# N06000012919

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

Current Principal Place of Business:

5028 PLYMOUTH ROAD
SUITES #2 & #3
JACKSONVILLE, FL 32210

New Principal Place of Business:

1950 PAINE AVE
SUITE 32
JACKSONVILLE, FL 32211

Current Mailing Address:

1950 PAINE AVE
SUITE #32
JACKSONVILLE, FL 32211

New Mailing Address:

1950 PAINE AVE
SUITE 32
JACKSONVILLE, FL 32211

FEI Number: 20-5944396 **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:

TAYLOR, RUSSELL
1950 PAINE AVE #32
JACKSONVILLE, FL 32211 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: P,F ( ) Delete
Name: TAYLOR, RUSSELL
Address: 1950 PAINE AVE #32
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete
Name: RAMSEY, SHAMANDA
Address: 5703 ARLINGTON RD
City-St-Zip: JACKSONVILLE, FL 32211

Title: T ( ) Delete
Name: KELLEY, SAMUEL
Address: 11291 HARTS RD APT 1005
City-St-Zip: JACKSONVILLE, FL 32218

Title: C,S ( ) Delete
Name: TAYLOR, SHEILA A
Address: 1950 PAINE AVE #32
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete
Name: ARTIS, LATONIA
Address: 4534 BLOUNT AVE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: KELLEY, SAMUEL
Address: 5600 CARMICHAEL ROAD #1801
City-St-Zip: MONTGOMERY, AL 36117

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

Title: D (X) Change ( ) Addition
Name: ARTIS, LATONIA
Address: 6730 W 5TH ST
City-St-Zip: JACKSONVILLE, FL 32254

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: SHEILA A. TAYLOR S 08/29/2008

Electronic Signature of Signing Officer or Director — Date