

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000424

FILED  
May 16, 2011  
Secretary of State

**Entity Name:** EVERLASTING LIGHT OF GOD OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

824 NW 15TH AVENUE  
OCALA, FL 34475

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5882  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 56-2612319

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMMONS, GLENDA A  
1331 SW 7TH STREET  
OCALA, FL 34471 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  
Name: SIMMONS, GLENDA A  
Address: PO BOX 5882  
City-St-Zip: Ocala, FL 34478

Title: D  
Name: PRYOR, LORA  
Address: PO BOX 5882  
City-St-Zip: Ocala, FL 34478

Title: D  
Name: SIMMONS, PAUL  
Address: PO BOX 5882  
City-St-Zip: Ocala, FL 34478

Title: D  
Name: JOHNSON, TONY  
Address: PO BOX 5882  
City-St-Zip: Ocala, FL 34478

Title: T  
Name: JACKSON, LATASIA  
Address: PO BOX 5882  
City-St-Zip: Ocala, FL 34478

Title: S  
Name: GOODEN, PATRICIA  
Address: PO BOX 5882  
City-St-Zip: Ocala, FL 34478

I hereby 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 all other like empowered.

SIGNATURE: GLENDA A. SIMMONS

P

05/16/2011

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

\_\_\_\_\_  
Date