2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

DOCUMENT# N07000000952

Entity Name: PRODIGAL SON 1517 OUTREACH MINISTRY, INC.

Current Principal Place of Business:

12932 SW 251 ST
PRINCETON, FL 33032

New Principal Place of Business:

Current Mailing Address:

12932 SW 251 ST
PRINCETON, FL 33032

New Mailing Address:

FEI Number: 20-5638626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, JOHN H
12932 SW 251 ST
PRINCETON, FL 33032 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:	PD	( ) Delete
Name:	CAMPBELL, JOHN H	
Address:	12932 SW 251 ST	
City-St-Zip:	PRINCETON, FL 33032	
Title:	VPTD	( ) Delete
Name:	CAMPBELL, ARLENE	
Address:	12932 SW 251 ST	
City-St-Zip:	PRINCETON, FL 33032	
Title:	SD	( ) Delete
Name:	JOYNER, SABRINA	
Address:	12587 SW 162 TERRACE	
City-St-Zip:	HOMESTEAD, FL 33033	
Title:	D	( ) Delete
Name:	JOHNSON, ROBERT	
Address:	1284 NW 52 AVE	
City-St-Zip:	MIAMI, FL 33142	
Title:	D	( ) Delete
Name:	COFFEY, BEVERLY	
Address:	26920 SW 145 AVENUE RD	
City-St-Zip:	NARANJA, FL 33032	
Title:	D	( ) Delete
Name:	FAUST, EARNEST	
Address:	568 SW 129 PLACE	
City-St-Zip:	HOMESTEAD, FL 33032	

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:	
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: JOHN H. CAMPBELL PD 01/03/2008

Electronic Signature of Signing Officer or Director — Date