

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002674

FILED
Apr 14, 2009
Secretary of State

Entity Name: OUT OF THE VALLEY MINISTRIES, INC.

Current Principal Place of Business:

11825 COASTAL LANE
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

11825 COASTAL LANE
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 20-8673871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOCK, TARA L
11825 COASTAL LANE
JACKSONVILLE, FL 32258 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: MOCK, TARA L
Address: 11825 COASTAL LANE
City-St-Zip: JACKSONVILLE, FL 32258

Title: DST () Delete
Name: MOCK, CHRISTOPHER
Address: 11825 COASTAL LANE
City-St-Zip: JACKSONVILLE, FL 32258

Title: D () Delete
Name: BATES, MARGIE
Address: 10027 AUTUMN CREEK LANE
City-St-Zip: ORLANDO, FL 32832

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: TARA L. MOCK

DP

04/14/2009

Electronic Signature of Signing Officer or Director

Date