

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002928

FILED
Mar 20, 2008
Secretary of State

Entity Name: GUATEMALAN MISSION OUTREACH, INC.

Current Principal Place of Business:

2315 ADAMS LAKE BLVD
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

2315 ADAMS LAKE BLVD
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 64-0957430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANCO, LAVERA
13400 PERIWINKLE AVE
SEMINOLE, FL 33776 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: COHEN, BERNARD S
Address: 2315 ADAMS LAKE BLVD
City-St-Zip: JACKSONVILLE, FL 32221

Title: DT () Delete
Name: COHEN, PATRICIA C
Address: 2315 ADAMS LAKE BLVD
City-St-Zip: JACKSONVILLE, FL 32221

Title: V () Delete
Name: SNYDER, CRAIG M
Address: 3280 HORSESHOE TRAIL DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: S () Delete
Name: HILBERT, JOHN
Address: 12829 126TH TERRACE NORTH
City-St-Zip: LARGO, FL 33774

Title: D () Delete
Name: YOUNG, MICHAEL
Address: 17488 MACY ROAD
City-St-Zip: BROOKSVILLE, FL 34614

Title: D () Delete
Name: MONDELL, LAURA
Address: 2714 MADISON RIDGE
City-St-Zip: SEVEIRVILLE, TN 37876

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:

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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: PATRICIA C. COHEN

DT

03/20/2008

Electronic Signature of Signing Officer or Director

Date