

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003082

FILED
Jan 09, 2009
Secretary of State

Entity Name: OUTREACH IN ACTION (OF CHRIST LUTHERAN CHURCH), INC.

Current Principal Place of Business:

475 NORTH AVENUE WEST
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

475 NORTH AVENUE WEST
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHENCK, CHERYL
861 MOONLIGHT LN
BROOKSVILLE, FL 34601 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: D () Delete
Name: ALMSTEDT, KERMIT
Address: 9149 LAKE CYPRESS LOOP
City-St-Zip: WEEKI WACHEE, FL

Title: D (X) Delete
Name: COOK, JAMES
Address: MONDON HILL ROAD
City-St-Zip: BROOKSVILLE, FL

Title: D () Delete
Name: KENNEDY, PRISCILLA
Address: 25 PORTULACA CT
City-St-Zip: HOMOSASSA, FL

Title: D () Delete
Name: REIGN, BARBARA
Address: 910 HAMMOCK ROAD
City-St-Zip: BROOKSVILLE, FL

Title: D () Delete
Name: SCHALLER, DARYL
Address: 6 FOX GLOVE CT
City-St-Zip: HOMOSASSA, FL

Title: D () Delete
Name: SCHENCK, CHERYL
Address: 861 MOONLIGHT LN
City-St-Zip: BROOKSVILLE, FL

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
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City-St-Zip:

Title: () Change () Addition
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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: DARYL SCHALLER

D

01/09/2009

Electronic Signature of Signing Officer or Director

Date