

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004203

FILED
Apr 30, 2008
Secretary of State

Entity Name: LADIES OF GRACE OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

5598 FISCHER DR
LAKELAND, FL 33812

New Principal Place of Business:

Current Mailing Address:

5598 FISCHER DR
LAKELAND, FL 33812

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:

WILKINSON, BRENDA
5598 FISCHER DR
LAKELAND, FL 33812 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: WILKINSON, BRENDA
Address: 5598 FISCHER DR
City-St-Zip: LAKELAND, FL 33812

Title: VPS () Delete
Name: MAULDIN, BETTY
Address: 5500 LAKESIDE DR
City-St-Zip: LAKE WALES, FL 33898

Title: SD () Delete
Name: REPRESS, DELORES
Address: 1211 BRYN MAWR AVE
City-St-Zip: LAKE WALES, FL 33853

Title: TD () Delete
Name: BARWICK, MELODY
Address: 6319 TERRA CISTA CIR
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: SHEFFIELD, KAREN
Address: 4051 BENT YOKE CT
City-St-Zip: LAKE WALES, FL 33898

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:

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: BRENDA WILKINSON

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date