

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005562

FILED
Mar 31, 2008
Secretary of State

Entity Name: KINGDOM OF GOD OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

10896 COPPER HILL DRIVE
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

10896 COPPER HILL DRIVE
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 13-4272807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPANN, MATTHEW
10896 COPPER HILL DRIVE
JACKSONVILLE, FL 32218 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: P () Delete
Name: SPANN, MATTHEW
Address: 10896 COPPER HILL DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: V () Delete
Name: SPANN, JULIA
Address: 10896 COPPER HILL DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: SPANN, SANTANNA
Address: 10896 COPPER HILL DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Delete
Name:
Address:
City-St-Zip:

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: MR () Change (X) Addition
Name: JOHNSON, JOSEPH
Address: 2445 DUNN AVE APT #1015
City-St-Zip: JACKSONVILLE, FL 32218

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: JULIA SPANN

V

03/31/2008

Electronic Signature of Signing Officer or Director

Date