

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90035 040 \*\*\*\*61.25

<b>DOCUMENT # N07000006539</b> 1. Entity Name <b>LIFESPING OUTREACH MINISTRIES, INC.</b>					
Principal Place of Business <b>1886 LONGWOOD LAKE MARY ROAD LONGWOOD, FL 32750</b>			Mailing Address <b>1886 LONGWOOD LAKE MARY ROAD LONGWOOD, FL 32750</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AKERS, STEPHEN W 1886 LONGWOOD LAKE MARY ROAD LONGWOOD, FL 32750			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AKERS, STEPHEN W <input type="checkbox"/> Delete 1886 LONGWOOD LAKE MARY ROAD LONGWOOD, FL 32750		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROADWAY, TISH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1999 LAKE EMMA RD LONGWOOD, FL 32750	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AKERS, CATHERINE A <input type="checkbox"/> Delete 1886 LONGWOOD LAKE MARY ROAD LONGWOOD, FL 32750		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, JOYCE E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6014 VILLAGE CIRCLE ORLANDO, FL 32822	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROADWAY, TISH <input type="checkbox"/> Delete 1999 LAKE EMMA RD LONGWOOD, FL 32750		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROTHROCK, ROSALINA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9780 WILD OAK DR. WINDERMERE, FL 34786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, JOYCE E <input type="checkbox"/> Delete 6014 VILLAGE CIRCLE ORLANDO, FL 32822		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHROCK, JIM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9780 WILD OAK DR. WINDERMERE, FL 34786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNY, RITA <input type="checkbox"/> Delete 1699 HILLSIDE DR LONGWOOD, FL 32750		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Stephen W. Akers		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-5-08      407-339-0277 <small>Date      Daytime Phone #</small>		