## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N07000008697

TI FILED
Jun 05, 2008
Secretary of State

Entity Name: SERVANT HEART OUTREACH INTERNATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business:

22151 SW 92ND PLACE MIAMI, FL 33190

Current Mailing Address: New Mailing Address:

22151 SW 92ND PLACE MIAMI, FL 33190

FEI Number: 26-1204080 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MALONE, EARLENE 22151 SW 92ND PLACE MIAMI, FL 33190 US

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:

Clastrania Ciarachura of Danistana d'Anant

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 MALONE, RODERICK M JR
 Name:
 MALONE, RODERICK M SR

 Address:
 22151 SW 92ND PLACE
 Address:
 22151 SW 92ND PLACE

 City-St-Zip:
 MIAMI, FL 33190
 City-St-Zip:
 MIAMI, FL 33190

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition WALTA, CEDRIC Name: LENON, RICKEY Name: Address: 14027 SW 156TH AVE. Address: 14401 PIERCE STREET City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33176

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition Name: ROBINSON, LYNDON Name: LENON, DOROTHY

 Address:
 14864 SW 140TH STREET
 Address:
 14401 PIERCE STREET

 City-St-Zip:
 MIAMI, FL 33196
 City-St-Zip:
 MIAMI, FL 33176

Title: TD () Delete Title: () Change () Addition

 Name:
 MALONE, EARLENE
 Name:

 Address:
 22151 SW 92ND PLACE
 Address:

 City-St-Zip:
 MIAMI, FL 33190
 City-St-Zip:

Title: OWNE ( ) Delete Title: DR (X) Change ( ) Addition

 Name:
 MALONE, RODERICK M SR.
 Name:
 NICOLAS, RALPH SR.

 Address:
 22151 SW 92ND PLACE
 Address:
 8140 NW 74TH AVE., STE 21

 City-St-Zip:
 MIAMI, FL 33190
 City-St-Zip:
 MEDLEY, FL 33166

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: EARLENE MALONE TD 06/05/2008