

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008697

FILED
Apr 28, 2009
Secretary of State

Entity Name: SERVANT HEART OUTREACH INTERNATIONAL, INC.

Current Principal Place of Business:

22151 SW 92ND PLACE
MIAMI, FL 33190

New Principal Place of Business:

Current Mailing Address:

22151 SW 92ND PLACE
MIAMI, FL 33190

New Mailing Address:

FEI Number: 26-1204080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONE, EARLENE
22151 SW 92ND PLACE
MIAMI, FL 33190 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: MALONE, RODERICK M SR
Address: 22151 SW 92ND PLACE
City-St-Zip: MIAMI, FL 33190

Title: VPD () Delete
Name: LENON, RICKEY
Address: 14401 PIERCE STREET
City-St-Zip: MIAMI, FL 33176

Title: SD () Delete
Name: LENON, DOROTHY
Address: 14401 PIERCE STREET
City-St-Zip: MIAMI, FL 33176

Title: TD () Delete
Name: MALONE, EARLENE
Address: 22151 SW 92ND PLACE
City-St-Zip: MIAMI, FL 33190

Title: DR () Delete
Name: NICOLAS, RALPH SR.
Address: 8140 NW 74TH AVE., STE 21
City-St-Zip: MEDLEY, FL 33166

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: EARLENE MALONE

RA

04/28/2009

Electronic Signature of Signing Officer or Director

Date