2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2009
Secretary of State

DOCUMENT# N07000009349

Entity Name: LIGHTNING WORLD OUTREACH INC.

Current Principal Place of Business:

9624 US HWY 301
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

9624 US HWY 301
DADE CITY, FL 33525

New Mailing Address:

FEI Number: 26-2515664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FINOCCHI, JEROME J
9624 US HWY 301
DADE CITY, FL 33525 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: FINOCCHI, JEROME J
Address: 9624 US HWY 301
City-St-Zip: DADE CITY, FL 33525

Title: V ( ) Delete
Name: SINGLETON, DAVEY
Address: 37248 CARTER
City-St-Zip: DADE CITY, FL 33523

Title: TS ( ) Delete
Name: FINOCCHI, CHRISTINA
Address: 3140 MOONLIGHT ST
City-St-Zip: ZEPHYRHILLS, FL 33543

Title: D ( ) Delete
Name: SIMMONS, BOBBY R
Address: 34751 ORANGE BELT DR
City-St-Zip: DADE CITY, FL 33523

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:

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: JEROME J. FINOCCHI P 08/21/2009

Electronic Signature of Signing Officer or Director — Date