2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N07000009861

Entity Name: THE RESURRECTION AND LIFE GLOBAL OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

1387 8TH STREET
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1387 8TH STREET
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOSEPH-GAMBLE, IONA
1387 8TH STREET
WEST PALM BEACH, FL 33401 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: JOSEPH-GAMBLE, IONA
Address: 1387 8TH STREET
City-St-Zip: WEST PALM BEACH, FL 33401

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: JOSEPH-GAMBLE, IONA
Address: 1387 8TH STREET
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MEMB ( ) Change (X) Addition
Name: JOSEPH, SHONNH L
Address: 1387 8TH STREET
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MEMB ( ) Change (X) Addition
Name: JAMES, CAROLYN J
Address: 1387 8TH STREET
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MEMB ( ) Change (X) Addition
Name: MCKINNON, LASHONDA M
Address: 1387 8TH STREET
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MEMB ( ) Change (X) Addition
Name: JOSEPH, ANDREW B
Address: 1387 8TH STREET
City-St-Zip: WEST PALM BEACH, FL 33401 US

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: IONA GAMBLE PRES 03/20/2009

Electronic Signature of Signing Officer or Director — Date