2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# N07000009953

Entity Name: GOD'S HOUSE OF REFUGE OUTREACH MINISTRIES INC.

Current Principal Place of Business:

1549 N. COCOA BLVD.
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 236414
COCOA, FL 329236414

New Mailing Address:

FEI Number: 26-1219629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, PAMELA D
321 WOODS LAKE DR
COCOA, FL 32926 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: D ( ) Delete
Name: JONES, BRYON B PASTOR
Address: 321 WOODS LAKE DR.
City-St-Zip: COCOA, FL 32926

Title: T ( ) Delete
Name: JONES, BRYON B
Address: 321 WOODS LAKE DR.
City-St-Zip: COCOA, FL 32926

Title: D ( ) Delete
Name: JONES, PAMELA D PASTOR
Address: 321 WOODS LAKE DR.
City-St-Zip: COCOA, FL 32926

Title: S ( ) Delete
Name: JONES, PAMELA D
Address: 321 WOODS LAKE DR.
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: JONES, BYRON B PASTOR
Address: 321 WOODS LAKE DR.
City-St-Zip: COCOA, FL 32926

Title: T (X) Change ( ) Addition
Name: JONES, BYRON B
Address: 321 WOODS LAKE DR.
City-St-Zip: COCOA, FL 32926

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: PAMELA JONES DIR 04/23/2008

Electronic Signature of Signing Officer or Director — Date