

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010040

FILED
Apr 30, 2008
Secretary of State

Entity Name: IN-JOY OUTREACH THRIFT INC.

Current Principal Place of Business:

409 LAKESHORE DR.
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

409 LAKESHORE DR.
EUSTIS, FL 32726

New Mailing Address:

FEI Number: 26-1561134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: HAMPTON, CANDY
Address: 409 LAKESHORE DR.
City-St-Zip: EUSTIS, FL 32726

Title: S () Delete
Name: COOK, PATRICIA
Address: 1419 OAK PL. #E
City-St-Zip: FLORIDA, FL 32712

Title: T () Delete
Name: WISSMANN, RON
Address: PO BOX 602
City-St-Zip: PLYMOUTH, FL 32768

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:

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: CANDY HAMPTON

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date