2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 21, 2009
Secretary of State

DOCUMENT# N07000011148

Entity Name: GREATER LOVE OUTREACH MINISTRY INC.

Current Principal Place of Business:

205 E. FORT DADE AVE.
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 324
BROOKSVILLE, FL 34614

New Mailing Address:

FEI Number: 26-1451977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIPER, EDWARD
1365 HAVLOVER AVE.
SPRING HILL, FL 34608 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:	SAMPSON, JOE	
Address:	P.O. BOX 314	
City-St-Zip:	TRIBLY, FL 33593	
Title:	VPD	( ) Delete
Name:	FINLAYSON, REGGIE	
Address:	15910 OAKCREST CIR.	
City-St-Zip:	BROOKSVILLE, FL 34604	
Title:	SD	( ) Delete
Name:	PIPER, EDWARD	
Address:	1365 HAVLOVER AVE.	
City-St-Zip:	SPRING HILL, FL 34608	
Title:	T	( ) Delete
Name:	WOODS, WILLIE	
Address:	1022 PIERCE WOOD POINT	
City-St-Zip:	BROOKSVILLE, FL 34602	
Title:	CHRM	( ) Delete
Name:	ANDERSON, MARY	
Address:	25755 DAN HILL BROWN RD	
City-St-Zip:	BROOKSVILLE, FL 34602	
Title:	RSEC	(X) Delete
Name:	FINLAYSON, DELONES	
Address:	15910 OAKCREST CIRCLE	
City-St-Zip:	BROOKSVILLE, FL 34604	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	PIPER, EDWARD	
Address:	1365 HAVLOVER AVE.	
City-St-Zip:	SPRING HILL, FL 34608	
Title:	SD	(X) Change ( ) Addition
Name:	WOODS, WILLIE	
Address:	1022 PIERCE WOOD POINT	
City-St-Zip:	BROOKSVILLE, FL 34602	
Title:	RSEC	(X) Change ( ) Addition
Name:	SAMPSON, NORA	
Address:	P.O. BOX 314	
City-St-Zip:	TRIBLY, FL 33593	
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: JOE SAMPSON PD 10/21/2009

Electronic Signature of Signing Officer or Director — Date