2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011233

FILED Sep 20, 2008 Secretary of State

Entity Name: I AM OUTREACH MINISTRIES INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 3724 WADE ROAD ORLANDO, FL 32808 **Current Mailing Address: New Mailing Address:** 3724 WADE ROAD ORLANDO, FL 32808 FEI Number: 26-1310039 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: Name and Address of New Registered Agent: DOCUMENTS CENTER INC 7014 NORTH WEST 79TH AVE. TAMARAC, FL 33321 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ADKINS, DARRELL Name: Name: Address: 3724 WADE ROAD Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: VPD () Delete Title: () Change () Addition ADKINS, CARMAN Name: Name: Address: 3724 WADE ROAD Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: STD () Delete Title: (X) Change () Addition ADKINS, MARGARET Name: COLEMAN, ALMA Name: 1486 MERCY DRIVE #4 5401 PINECHASE DRIVE #3 Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: ORLANDO, FL 33808 Title: () Delete Title: TRE () Change (X) Addition Name: Name: BUTLER, JOSEPHINE Address: Address: 5143 VANN ROAD City-St-Zip: City-St-Zip: VALDOSTA, GA 31606

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: BETTY J. GILMORE RA 09/20/2008