2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011233

FILED Aug 31, 2009 Secretary of State

Entity Name: I AM OUTREACH MINISTRIES INCORPORATED

Current Principal Place of Business:		New Principal Place of Business:	
3724 WAD ORLANDC	E ROAD D, FL 32808	35 NORTH PARRAMORE AVE. ORLANDO, FL 32801	
Current Mailing Address:		New Mailing Address:	
3724 WAD ORLANDC	E ROAD D, FL 32808		
	26-1310039 FEI Number Applied For () FEI Nuce with s. 607.193(2)(b), F.S., the corporation did not receive	umber Not Applicable () Certificate of Status Desired () 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 US		DOCUMENTS CENTER INC. 811 SOUTH WEST28TH. AVE FORT LAUDERDALE, FL 33312 US	
	named entity submits this statement for the purpose of Florida.	of changing its registered office or registered agent, or both	,
SIGNATUF	RE:	08/31/2009	
	Electronic Signature of Registered Agent	Date	•
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS:
Title: Name: Address: City-St-Zip:	PD () Delete ADKINS, DARRELL 3724 WADE ROAD ORLANDO, FL 32808	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	VPD () Delete ADKINS, CARMAN 3724 WADE ROAD ORLANDO, FL 32808	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	S () Delete COLEMAN, ALMA 5401 PINECHASE DRIVE #3 ORLANDO, FL 33808	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name:	TRE () Delete BUTLER, JOSEPHINE	Title: () Change () Addition Name:	

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 08/31/2009