

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011655

FILED
May 07, 2009
Secretary of State

Entity Name: DESTROYING THE WALLS OUTREACH MINISTRIES INC.

Current Principal Place of Business:

141 OLD ORANGE PARK RD #129
ORANGE PARK, FL 32073

New Principal Place of Business:

141 OLD ORANGE PARK RD #161
ORANGE PARK, FL 32073

Current Mailing Address:

PO BOX 896
ORANGE PARK, FL 32067

New Mailing Address:

FEI Number: 36-4622183 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:

SMITH, SYLVIA A
141 OLD ORANGE PARK RD #161
ORANGE PARK, FL 32073 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: SMITH, JAMES H ELDER
Address: 141 OLD ORANGE PARK RD #161
City-St-Zip: ORANGE PARK, FL 32073

Title: VP () Delete
Name: SMITH, SYLVIA A
Address: 141 OLD ORANGE PARK RD #161
City-St-Zip: ORANGE PARK, FL 32073

Title: T () Delete
Name: HUGES, SIMONE
Address: 141 OLD ORANGE PARK RD. #161
City-St-Zip: ORANGE PARK, FL 32073

Title: S () Delete
Name: YOUMANS, CLAUDIA
Address: 141 OLD ORANGE PARK RD #161
City-St-Zip: ORANGE PARL, FL 32073

Title: D () Delete
Name: ANDERSON, DARLENE BM
Address: 8244 JUSTIN RD S
City-St-Zip: JACKSONVILLE, FL 32210

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:

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: SYLVIA SMITH

VP

05/07/2009

Electronic Signature of Signing Officer or Director

Date