

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003917

FILED
Jul 07, 2009
Secretary of State

Entity Name: PHILEO OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

301 N DIXIE HWY
HALLANDALE BCH, FL 33009

New Principal Place of Business:

320 NW 1ST AVENUE
SUITE #2
HALLANDALE BCH, FL 33009

Current Mailing Address:

PO BOX 1738
HALLANDALE BCH, FL 33009

New Mailing Address:

320 NW 1ST AVENUE
SUITE #2
HALLANDALE BCH, FL 33009

FEI Number: 26-1992247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

GLOVER, COREY
301 N DIXIE HWY
HALLANDALE BCH, FL 33009 US

Name and Address of New Registered Agent:

GLOVER, COREY
305 N DIXIE HWY
HALLANDALE BCH, FL 33009 US

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: _____

07/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GLOVER, MARTIZA
Address: 2280 NW 77TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: TD () Delete
Name: BRADLEY, TENECIA
Address: PO BOX 733
City-St-Zip: HALLANDALE BCH, FL 33008

Title: SD () Delete
Name: VERNON, GINA
Address: 5121 SW 21ST STREET
City-St-Zip: WEST PARK, FL 33023

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: COREY L. GLOVER

RA

07/07/2009

Electronic Signature of Signing Officer or Director

Date