

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004651

FILED
Apr 30, 2009
Secretary of State

Entity Name: HIGHWAYS AND HEDGES OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

3586 FOWLER ST.
FORT MYERS, FL 33901

New Principal Place of Business:

3586 FOWLER STREET
FORT MYERS, FL 33901

Current Mailing Address:

1045 ALBANY AVE.
LEHIGH ACRES, FL 33971

New Mailing Address:

1045 ALBANY AVENUE
LEHIGH ACRES, FL 33971

FEI Number: 30-0443437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, MARK A SR
1045 ALBANY AVENUE
LEHIGH ACRES, FL 33971 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: WILLIAMS, MARK A SR
Address: 1045 ALBANY AVENUE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VP () Delete
Name: WILLIAMS, CAROLYN L
Address: 1045 ALBANY AVENUE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: S () Delete
Name: DUMAS, ROXANNE L
Address: 1403 CURTIS AVENUE SOUTH
City-St-Zip: LEHIGH ACRES, FL 33976

Title: T () Delete
Name: ALLEN, MELODY M
Address: 14060 CARLOTTA STREET
City-St-Zip: FORT MYERS, FL 33905

Title: T (X) Delete
Name: DUMAS, CHARLES A
Address: 1403 CURTIS AVENUE SOUTH
City-St-Zip: LEHIGH ACRES, FL 33976

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: ALLEN, MELODY M
Address: 14060 CARLOTTA STREET
City-St-Zip: FORT MYERS, FL 33905

Title: T (X) Change () Addition
Name: FALLIGAN, JIMMY L
Address: 1720 OMNI LANE #108
City-St-Zip: FORT MYERS, FL 33905

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: MELODY ALLEN

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date