2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N08000006099

Entity Name: FAITH OUTREACH MINISTRIES II CLG, INC.

Current Principal Place of Business:

8604 CR 231
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

8604 CR 231
WILDWOOD, FL 34785

New Mailing Address:

FEI Number: 51-0604254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, JIMMY
8604 CR 231
WILDWOOD, FL 34785 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: D ( ) Delete
Name: WILLIAMS, TERRENCE
Address: 1000 LEE STREET, APT. 38
City-St-Zip: WILDWOOD, FL 34785

Title: D ( ) Delete
Name: FOSTER, KEVIN
Address: 9675 CR 235
City-St-Zip: WILDWOOD, FL 34785

Title: D ( ) Delete
Name: FOSTER, COMATASHA
Address: 9675 CR 235
City-St-Zip: WILDWOOD, FL 34785

Title: D ( ) Delete
Name: SYKES, JAMES
Address: 2311 GRIFFIN ROAD APT. E6
City-St-Zip: LEESBURG, FL 34748

Title: D ( ) Delete
Name: SALTERS, DANNY
Address: 10742 CR 100
City-St-Zip: LADY LAKE, FL 32158

Title: D ( ) Delete
Name: CAMPBELL, CAROLYN
Address: 321 JACKSON STREET
City-St-Zip: WILDWOOD, FL 34785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WILLIAMS, TERRENCE
Address: P. O. BOX 1626
City-St-Zip: WILDWOOD, FL 34785

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: TERRENCE WILLIAMS D 01/26/2009
Electronic Signature of Signing Officer or Director — Date