

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010543

FILED
Apr 30, 2009
Secretary of State

Entity Name: FIRST EXODUS OUTREACH MINISTRY, INC.

Current Principal Place of Business:

8130 PIN OAK ROAD
TALLAHASSEE, FL 32305

New Principal Place of Business:

Current Mailing Address:

PO BOX 5374
TALLAHASSEE, FL 32314

New Mailing Address:

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

Name and Address of Current Registered Agent:

JACKSON, CHARLOTTE
1900 CENTRE POINTE BOULEVARD
#65
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

JACKSON, PRISCILLA
8130 PIN OAK RD
TALLAHASSEE, FL 32305 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: PRISCILLA JOHNSON

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, PRISCILLA
Address: PO BOX 5374
City-St-Zip: TALLAHASSEE, FL 32314

Title: VPTD () Delete
Name: JACKSON, CHARLOTTE
Address: 1900 CENTRE POINTE BOULEVARD, #65
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: HAMILTON, NATHAN
Address: 51622-1 ZUNI CIRCLE
City-St-Zip: FORT HOOD, TX 76544

Title: D () Delete
Name: COLVIN, KENYATTA
Address: 1724 KATHRYN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HAMILTON, NATHAN
Address: P O BOX 5374
City-St-Zip: TALLAHASSEE, FL 32314

Title: ST (X) Change () Addition
Name: WILLIAMS, ANGEL
Address: P O BOX 5374
City-St-Zip: TALLAHASSEE, FL 32314

Title: O (X) Change () Addition
Name: COLVIN, KENYATTA
Address: P O BOX 5374
City-St-Zip: TALLAHASSEE, FL 32314

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: PRISCILLA JOHNSON

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date