

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008343

FILED
Mar 17, 2010
Secretary of State

Entity Name: OUTRIGHTEOUS MINISTRIES, INC.

Current Principal Place of Business:

1010 N. SWALLOWTAIL DRIVE #1607
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

1010 N. SWALLOWTAIL DRIVE #1607
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 27-0863382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTON, KALEB
1010 N. SWALLOWTAIL DRIVE #1607
PORT ORANGE, FL 32129 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
Name: WALTON, KALEB D
Address: 1010 N. SWALLOWTAIL DRIVE #1607
City-St-Zip: PORT ORANGE, FL 32129

Title: D
Name: MORRIS, ERIN
Address: 3273 GRAND BLANC RD
City-St-Zip: SWARTZ CREEK, MI 48473

Title: VSTD
Name: WALTON, JENNIFER M
Address: 1010 N. SWALLOWTAIL DRIVE #1607
City-St-Zip: PORT ORANGE, FL 32129

Title: D
Name: MENKO, SCOTT
Address: 415 MILL POND DR
City-St-Zip: FENTON, MI 48430

Title: D
Name: MORRIS, WESLEY
Address: 3273 GRAND BLANC RD
City-St-Zip: SWARTZ CREEK, MI 48473

Title: D
Name: MENKO, JENNIFER
Address: 415 MILL POND DR
City-St-Zip: FENTON, MI 48430

I hereby 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 all other like empowered.

SIGNATURE: KALEB WALTON

P

03/17/2010

Electronic Signature of Signing Officer or Director

Date