2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18917

FILED Apr 16, 2009 Secretary of State

Entity Name: BETHESDA OUTREACH MINISTRIES, INC.

	Tincipal Place	of Business:	New Princ	ipal Place of Business:
	H STREET FA, FL 34235			
Current N	lailing Addres	s:	New Maili	ng Address:
PO BOX 4 SARASO1	18331 FA, FL 34230			
FEI Number	: 59-2781228	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired (X)
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
4959 CED	GE, PETER AR OAK WAY FA, FL 34233	US		
	e named entity s e of Florida.	submits this statement for the pur	pose of changing it	s registered office or registered agent, or both,
SIGNATU				
	Electron	ic Signature of Registered Agent	İ	Date
OFFICER	S AND DIRECT	rors:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS
Title: Name:	D ()	Delete	Title:	() Change () Addition
Address:	GREENIDGE, P 4959 CEDAR O SARASOTA, FL	AK WAY	Name: Address: City-St-Zip:	()g- ()
Address: City-St-Zip: Title: Name: Address:	4959 CEDAR O	AK WAY 34233 Delete AVE	Address:	()Change()Addition
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	4959 CEDAR O, SARASOTA, FL D () JAMES, TWYLA 1811 CONRAD, SARASOTA, FL	AK WAY 34233 Delete AVE 34234 Delete	Address: City-St-Zip: Title: Name: Address:	
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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: PETER GREENIDGE D 04/16/2009