


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N19118	
1. Entity Name THE VERNON EVANGELISTIC CHURCH GLOBAL OUTREACH INCORPORATED	

Principal Place of Business HWY 79 P.O. BOX 298 VERNON, FL 32462 US	Mailing Address HWY 79 P.O. BOX 298 VERNON, FL 32462 US
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DO NOT WRITE IN THIS SPACE



01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2027421	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHERROUSE, CALVIN
2150 HWY 173
BONIFAY, FL 32425**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000789816 01/23/08-80009-004 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHINS, BOBBY 3584 EVANS RD VERNON, FL 32462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, GARY 3474 SPOOLMILL RD VERNON, FL 32462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, SCOTT 2941 MOSS HILL RD VERNON, FL 32462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHAW, SUE 3446 SPOOLMILL ROAD VERNON, FL 32462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Sue Shaw Sue Shaw, Sec 1-10-08 850-535-2281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #