

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41545

FILED
Mar 13, 2008
Secretary of State

Entity Name: OUT THERE MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

524 PATE DR.
FORT MILL, SC 29715

New Principal Place of Business:

Current Mailing Address:

524 PATE DR.
FORT MILL, SC 29715

New Mailing Address:

FEI Number: 59-3052401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBB, ROBYN RA
14009 BRADHAM RD.
JACKSONVILLE, FL 32226 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: PD () Delete
Name: WILLIS, CLIFFORD WEL, DON
Address: 524 PATE DR.
City-St-Zip: FORT MILL, SC 29715

Title: SD () Delete
Name: WILLIS, ELIZABETH M
Address: 524 PATE DR.
City-St-Zip: FORT MILL, SC 29715

Title: VD () Delete
Name: DUKE, DAN
Address: 524 PATE DR.
City-St-Zip: FORT MILL, SC 29715

Title: D () Delete
Name: ZINK, PAUL D
Address: 205 NORTHWINDS CT
City-St-Zip: JACKSONVILLE, FL 32082

Title: TD () Delete
Name: SANFILLIPO, ANDY
Address: 11135 E CHESTER LAKE RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: D () Change (X) Addition
Name: LEONARD JONES,
Address: 3219 BANNOCK DRIVE
City-St-Zip: FORT MILL, SC 29715

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: CLIFFORD WELDON WILLIS

PD

03/13/2008

Electronic Signature of Signing Officer or Director

Date