2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51017

FILED Apr 30, 2008 Secretary of State

Entity Name: FAITH OUTREACH MINISTRY OF JACKSONVILLE, INC.

Current Principal Place of Business:		New Principal Pla	New Principal Place of Business:	
	EARL ST. IVILLE, FL 32206	US		
Surrent M	lailing Address:		New Mailing Add	ress:
	TON STREET IVILLE, FL 32209	US		
El Number	: 59-3142509 FE	I Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Curre	ent Registered Agent:	Name and Addres	ss of New Registered Agent:
3403 PEN	IVILLE, FL 32209	US	nurnoso of changing its register	ared affice as registered agent as both
		nits this statement for the	purpose of changing its regist	ered office or registered agent, or both,
	e named entity subm e of Florida.	nits this statement for the	purpose of changing its registi	ered office of registered agent, or both,
n the State	e of Florida. RE:			
n the State	e of Florida. RE:	ignature of Registered Ag		Date
n the State	e of Florida. RE:	ignature of Registered Ag	ent	
n the State	e of Florida. RE: Electronic Si	ignature of Registered Ag (S: te	ent	Date
n the State SIGNATUI DFFICER: itle: lame: kddress:	e of Florida. RE: Electronic Si S AND DIRECTOR T () Dele WAYNE, WILSON 7228 ELWOOD AV	ignature of Registered Ag S: te /ENUE 32208 US te	ent ADDITIONS/CHAN Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTOR
n the State BIGNATUI DFFICER Title: lame: lame: lame: lame: lame: lame: lame:	e of Florida. RE: Electronic Si S AND DIRECTOR T () Dele WAYNE, WILSON 7228 ELWOOD AV JACKSONVILLE, FL S () Dele DYER, SABRINA 2944 FARMER TERF	ignature of Registered Ag (S: te (ENUE 32208 US te R 32216 US te	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTOR () Change () Addition

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: JOHN C. TAYLOR JR. DIR 04/30/2008