

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N93000004458		
1. Entity Name ECCELSIA OUTREACH MINISTRY, INC.		


Principal Place of Business 1001 PAUL RUSSELL ROAD TALLAHASSEE, FL 32301 US	Mailing Address 1001 PAUL RUSSELL ROAD TALLAHASSEE, FL 32301 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2008 JAN 16 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01162008 Chg-NP CR2E037 (12/06) 08

4. FEI Number 59-3208001	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
DIXON, REITA 1001 PAUL RUSSELL RD. TALLAHASSEE, FL 32301	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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.

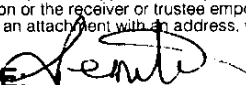
SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, RENITA	NAME	
STREET ADDRESS	1001 PAUL RUSSELL ROAD	STREET ADDRESS	400115854744
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	01/23/08--01006--010 **183.75
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASPER, ADELA	NAME	
STREET ADDRESS	1001 PAUL RUSSELL ROAD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	2VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, JENZELL	NAME	
STREET ADDRESS	1001 PAUL RUSSELL RD.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32314	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, ETTA	NAME	
STREET ADDRESS	8424 LENOVA DR.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLA P. Dickey	NAME	
STREET ADDRESS	115 PARKER KRAMER RD	STREET ADDRESS	
CITY-ST-ZIP	Midway, FL 32343	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE: January 16, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR