2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

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Entity Name: NEWS FOR CHRIST OUTREACH MINISTRY, INC.

Current Principal Place of Business:

4494 POMPANO DR. SE
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

4494 POMPANO DR. SE
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 59-3316862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

REEVES, JESSIE M
4494 POMPANO DR. SE
ST. PETERSBURG, FL 33705 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: P ( ) Delete
Name: REEVES, JESSIE M
Address: 4494 POMPANO DR. SE
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D ( ) Delete
Name: REEVES, CYNTHIA G
Address: 75 CHANEY DR
City-St-Zip: MONROE, OH 45050

Title: V ( ) Delete
Name: REEVES, CHARLOTTE
Address: 4494 POMPANO DR SE
City-St-Zip: ST PETERSBURG, FL 33705

Title: T ( ) Delete
Name: PHILLIPS, SALLY
Address: 6700 50TH AVE. N
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D ( ) Delete
Name: PHILLIPS, DANIEL
Address: 6700 50TH AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: REEVES, CYNTHIA G
Address: 75 CHANEY DR
City-St-Zip: MONROE, OH 45050

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WILLIAMS, ANGENETTA
Address: 684 53RD AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D (X) Change ( ) Addition
Name: WILLIAMS, DERRICK
Address: 684 53RD AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

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: JESSIE M REEVES P 04/15/2009

Electronic Signature of Signing Officer or Director — Date