

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003129

FILED
Jul 10, 2008
Secretary of State

Entity Name: MUSICAL LIGHT OUTREACH, INC.

Current Principal Place of Business:

2038 BELLE TERRA RD
KNOXVILLE, TN 37923 US

New Principal Place of Business:

Current Mailing Address:

2038 BELLE TERRA RD
KNOXVILLE, TN 37923 US

New Mailing Address:

FEI Number: 65-0623551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROSIUS, JOHN D
10787 PACER CT.
JACKSONVILLE, FL 32257 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: D () Delete
Name: BROSIUS, JOHN D
Address: 2038 BELLE TERRA RD
City-St-Zip: KNOXVILLE, TN 37923

Title: D () Delete
Name: PERRY, WILLIAM E JR.
Address: 638 BYRD CREEK RD
City-St-Zip: SNEEDVILLE, TN 37869

Title: D () Delete
Name: CRONIN, DAVID A
Address: 110 SANTA CRUZ AVENUE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D () Delete
Name: SODER, JEROLD L
Address: 638 BYRD CREEK RD
City-St-Zip: SNEEDVILLE, TN 37869

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:

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 BROSIUS

DIR

07/10/2008

Electronic Signature of Signing Officer or Director

Date