

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003285

FILED
May 05, 2008
Secretary of State

Entity Name: MILK AND HONEY OUTREACH MINISTRIES INC.

Current Principal Place of Business:

31 E. WRIGHT ST.
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

PO BOX 1443
PENSACOLA, FL 32591

New Mailing Address:

FEI Number: 59-3454711 **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:

CULLIVER, SONYA T
605 WEST LA RUA STREET
PENSACOLA, FL 32501 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: CD () Delete
Name: GAUTZHORN, ALAN
Address: 6915A NORTH HIGHWAY #29
City-St-Zip: MOLINO, FL 32577

Title: VCD () Delete
Name: SCHMIDT, SUSAN
Address: 4141 MENDEZ DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: SD () Delete
Name: TURNER, ROBERT
Address: 3216 SILVERLEAF DR
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: MORRISSETTE, ELSIE
Address: 3800 FLINTWOOD RD
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: BAILEY, NORA
Address: 500 E ROMANA ST
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: MCCORVERY, ANNETTE
Address: 1112 CHAVERS STREET
City-St-Zip: PENSACOLA, FL 32534

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: () 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: ALAN GAUTZHORN

CD

05/05/2008

Electronic Signature of Signing Officer or Director

Date