2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003285

FILED Apr 01, 2009 Secretary of State

Entity Name: MILK AND HONEY OUTREACH MINISTRIES INC.

Current Principal Place of Business: New Principal Place of Business: 31 E. WRIGHT ST. PENSACOLA, FL 32501 **Current Mailing Address: New Mailing Address:** PO BOX 1443 PENSACOLA, FL 32591 FEI Number: 59-3454711 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CULLIVER, SONYA T 605 WEST LA RUA STREET PENSACOLA, FL 32501 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GAUTZHORN, ALAN ELWIN. JONES Name: Name: 6915A NORTH HIGHWAY #29 Address: 1812 KINGSTREE DRIVE Address: City-St-Zip: MOLINO, FL 32577 City-St-Zip: PENSACOLA, FL 32533 Title: VCD () Delete Title: () Change () Addition SCHMIDT, SUSAN Name: Name: Address: 4141 MENDEZ DRIVE Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: Title: () Delete Title: () Change () Addition TURNER, ROBERT Name: Name: 3216 SILVERLEAF DR Address: Address: City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MORRISSETTE, ELSIE Name: 3800 FLINTWOOD RD Address: Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: () Delete Title: (X) Change () Addition BAILEY, NORA TAYLOR, CARLTON Name: Name: 500 E ROMANA ST 10378 MCARTHUR LANE Address: Address: City-St-Zip: PENSACOLA, FL 32502 City-St-Zip: PENSACOLA, FL 32534 Title: () Delete Title: () Change () Addition MCCORVERY, ANNETTE Name: Name: Address: 1112 CHAVERS STREET Address: PENSACOLA, FL 32534 City-St-Zip: 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: SONYA T. CULLIVER DIR 04/01/2009