2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2008
Secretary of State

DOCUMENT# N97000004306

Entity Name: REPAIR SHOP OUTREACH MINISTRIES INC.

Current Principal Place of Business:

710 EVERGREEN DR
LAKE PARK, FL 33403

New Principal Place of Business:

Current Mailing Address:

710 EVERGREEN DR
LAKE PARK, FL 33403

New Mailing Address:

FEI Number: 65-0768762 **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:

BRYANT, CARL A
710 EVERGREEN DR
LAKE PARK, FL 33403 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: PD ( ) Delete
Name: BRYANT, CARL A
Address: 710 EVERGREEN DR
City-St-Zip: LAKE PARK, FL 33403

Title: VPD ( ) Delete
Name: CASON, MITCHELL
Address: 9730 S.W. 16 CT.
City-St-Zip: HOLLYWOOD, FL 33025

Title: T ( ) Delete
Name: BRYANT, IRA
Address: 350 W 16 WAY
City-St-Zip: RIVIERA BEACH, FL 33404

Title: SD ( ) Delete
Name: JOE, MELINDA
Address: 380 W 28TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

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: CARL BRYANT PD 08/11/2008

Electronic Signature of Signing Officer or Director — Date