

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001761

FILED  
Apr 21, 2007  
Secretary of State

Entity Name: OUTFLOW MINISTRIES, INC.

## Current Principal Place of Business:

4922 OZMENT RIDGE COURT  
LITHONIA, GA 30038

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1291  
LITHONIA, GA 30058

## New Mailing Address:

FEI Number: 59-3506235

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARRIS, WILLIE MAE  
23 SO. LINCOLN STREET  
PENSACOLA, FL 32507 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: WEST, NANCY DR  
Address: 4922 OZMENT RIDGE COURT  
City-St-Zip: LITHONIA, GA 30038

Title: TS ( ) Delete  
Name: GILBERT, KHRISTINE G  
Address: 4922 OZMENT RIDGE COURT  
City-St-Zip: LITHONIA, GA 30038

Title: TT ( ) Delete  
Name: JARIS, THERA  
Address: 5891 RAVEN LNILL RD  
City-St-Zip: LITHONIA, GA 30058

Title: TR ( ) Delete  
Name: HARRIS, WILLIE MAE  
Address: 23 SO. LINCOLN STREET  
City-St-Zip: PENSACOLA, FL 32507

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TT (X) Change ( ) Addition  
Name: JARVIS, THERA  
Address: 5891 RAVEN LN  
City-St-Zip: LITHONIA, GA 30058

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. NANCY WEST

D

04/21/2007

Electronic Signature of Signing Officer or Director

Date