2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N98000001761

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:	JARVIS, THERA	
Address:	5891 RAVEN LN	
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:	( ) 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: NANCY WEST D 04/30/2008

Electronic Signature of Signing Officer or Director — Date