

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001073

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** THE NEW ABUNDANT LIFE OUTREACH MINISTRIES INC.

**Current Principal Place of Business:**

131 N. MAIN STREET  
WILLISTON, FL 32696

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 754  
WILLISTON, FL 32696

**New Mailing Address:**

**FEI Number:** 59-3540013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAYS, TONY III  
21330 NE 37TH PLACE  
WILLISTON, FL 32696 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: P ( ) Delete  
Name: DAYS, GLADYS  
Address: 21330 NE 37TH PL  
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete  
Name: BERRY, GEORGE  
Address: 10211 ELY HWY 318  
City-St-Zip: REDDICK, FL 32686

Title: D ( ) Delete  
Name: BROOKS, BARBARA  
Address: 14415 SW 170TH STREET  
City-St-Zip: ARCHER, FL 32618

Title: COPT ( ) Delete  
Name: DAYS, TONY III  
Address: 21330 NE 27TH PLACE  
City-St-Zip: WILLISTON, FL 32696

Title: M ( ) Delete  
Name: LEE, VERIE  
Address: 246 NE 9TH ST  
City-St-Zip: WILLISTON, FL 32696

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: BERRY, GEORGE  
Address: 10211 CTYY HWY 318  
City-St-Zip: REDDICK, FL 32686

Title: M (X) Change ( ) Addition  
Name: DAYS, DARWIN  
Address: 21330 NE 37TH PLACE  
City-St-Zip: WILLISTON, FL 32696

Title: COPT (X) Change ( ) Addition  
Name: DAYS, TONY III  
Address: 21330 NE 37TH PLACE  
City-St-Zip: WILLISTON, FL 32696

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: GLADYS DAYS

P

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date