2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2009
Secretary of State

DOCUMENT# N99000002308

Entity Name: LOST SHEEP OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

117 SARALOU CIRCLE
COCOA, FL 32922 US

New Principal Place of Business:

1752 MERCY DRIVE
ORLANDO, FL 32808 US

Current Mailing Address:

117 SARALOU CIRCLE
COCOA, FL 32922 US

New Mailing Address:

1752 MERCY DRIVE
ORLANDO, FL 32808 US

FEI Number: 65-0924890 **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:

ALLIOCOCK-ALSHABAZZ, PATRICIA
117 SARALOU CIRCLE
COCOA, FL 32922 US

Name and Address of New Registered Agent:

ALLIOCOCK-ALSHABAZZ, PATRICIA
1752 MERCY DRIVE
ORLANDO, FL 32808 US

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: PATRICIA ALLICOCK-ALSHABAZZ 07/05/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALLICOCK-ALSHABAZZ, PATRICIA
Address: 117 SARALOU CR
City-St-Zip: COCOA, FL 32922 US

Title: VP (X) Delete
Name: WHITE, RAMON V
Address: 145 YACHT CLUB WAY
City-St-Zip: LANTANA, FL 33462 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ALLICOCK-ALSHABAZZ, PATRICIA
Address: 1752 MERCY DRIVE
City-St-Zip: ORLANDO, FL 32808 US

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: PATRICIA ALLICOCK-ALSHABAZZ PD 07/05/2009
Electronic Signature of Signing Officer or Director Date