

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003824

FILED
Apr 19, 2007
Secretary of State

Entity Name: RESTORING LIFE OUTREACH MINISTRY, INC.

Current Principal Place of Business:

1310 GOODEN CROSSING RD
LARGO, FL 33746

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1332
LARGO, FL 33746

New Mailing Address:

FEI Number: 52-3583395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIMBROUGH, MICHAEL
2045 E BAY DR
715
LARGO, FL 33771 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: KIMBROUGH, MICHAEL
Address: 2045 E BAY DR 715
City-St-Zip: LARGO, FL 33771

Title: SD () Delete
Name: LOCKINOLLS, KIMBERLY
Address: 2035 PHILLIPPE PKWY 46
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VD () Delete
Name: KIMBROUGH, DEBORAH
Address: 2045 E BAY DR 715
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: JONES, JOSEPH
Address: 104 N. SAN REMO
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: TIGGETT, WAYNE
Address: 217 APRIL LANE
City-St-Zip: PALM HARBOR, FL 33755

Title: T () Delete
Name: JONES, SHEILA
Address: 104 N SAN REMO
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: LOCKINOUR, KIMBERLY
Address: 2035 PHILLIPPE PKWY 46
City-St-Zip: SAFETY HARBOR, FL 34695

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 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: MICHAEL S KIMBROUGH

PD

04/19/2007

Electronic Signature of Signing Officer or Director

Date