## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000005216

FILED Apr 30, 2007 Secretary of State

| Entity Nar  | me: FAITH IN   | TERNATIONAL OUTREACH N           | MINISTRIES INC.                             | •  |  |
|---|--|----------------------------------|---|--|--|
| Current Pi  | rincipal Place   | of Business:                     | New Principal Place                         | of Business:                                 |  |
|   | STH AVENUE<br>ON, FL 33317                               |                                  |   |  |  |
| Current M   | ailing Addres  | s:                               | New Mailing Address                         | New Mailing Address:                         |  |
|   | STH AVENUE<br>ON, FL 33317                               |                                  |   |  |  |
| FEI Number:   | 65-0944750   | FEI Number Applied For()         | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |  |                                  |   |  |  |
|   | GEORGE<br>3TH AVENUE<br>ON, FL 33317                     | US                               |   |  |  |
|   | named entity s<br>e of Florida.                          | submits this statement for the p | ourpose of changing its registered          | d office or registered agent, or both,       |  |
| SIGNATUF  |  |                                  |   |  |  |
|   | Electron   | ic Signature of Registered Age   | ent   | Date   |  |
| OFFICERS AND DIRECTORS:   |  |                                  | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PD ()<br>ELLESON, GEO<br>500 NW 46TH A<br>PLANTATION, F  | VENUE                            | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | SD ()<br>THOMAS, ELAII<br>18620 NW 27TI<br>MIAMI, FL 330 | 1 AVE #205                       | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VPD ()<br>MCNAUFF, BLA<br>500 NW 46TH A<br>PLANTATION, F | VENUE                            | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |

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: ELAINE THOMAS SEC. 04/30/2007