

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002064

FILED
Apr 15, 2007
Secretary of State

Entity Name: BYHISWORD OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

8619 BRIDLE PATH CT.
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

8619 BRIDLE PATH CT.
DAVIE, FL 33328

New Mailing Address:

FEI Number: 65-1130243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALLOON-REID, JUDITH
8619 BRIDLE PATH CT.
DAVIE, FL 33328 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: FALLOON-REID, JUDITH
Address: 8619 BRIDLE PATH CT.
City-St-Zip: DAVIE, FL 33328

Title: T () Delete
Name: SCULLEY, OTHNIEL
Address: 7794 KISMET ST
City-St-Zip: MIRAMAR, FL 33023

Title: S () Delete
Name: OSBORNE, DIANE
Address: 8949 PALM TREE LANE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: LOPEZ, GEORGE
Address: 2401 OLEANDER DR.
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: MARSHALL, TRACY
Address: 8428 LONG ACRE DR.
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: WILSON, JANNETTE
Address: 130-48 SW 21ST STREET
City-St-Zip: MIRAMAR, FL 33027

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
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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: JUDITH FALLOON-REID

P

04/15/2007

Electronic Signature of Signing Officer or Director

Date