

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000003491

**Entity Name:** BULL PIT OUTREACH MINISTRY, INC.

**Current Principal Place of Business:**

4414 FORT SIMMONS AVENUE  
LABELLE, FL 33935

**Current Mailing Address:**

4414 FORT SIMMONS AVENUE  
LABELLE, FL 33935

**FEI Number:** 58-9225128

**Certificate of Status Desired:** Yes

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

MACDOWELL, MIKE  
4414 FORT SIMMONS AVENUE  
LABELLE, FL 33935 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title BOARD OF DIRECTOR  
Name MACDOWELL, VICKI K SR.  
Address 4414 FORT SIMMONS AVENUE  
City-State-Zip: LABELLE FL 33935

Title CORRESPONDING SECRETARY  
Name CANALES, FRANCES M SR.  
Address 7014 BEAVER CIRCLE  
City-State-Zip: LABELLE FL 33935

Title AUTHORIZED MEMBER  
Name SMITH, TIMOTHY CLEO  
Address FT. SIMMONS AVE  
City-State-Zip: LABELLE FL 33935

Title AUTHORIZED MEMBER  
Name SMITH, NATHAN SHANE  
Address FT. SIMMONS  
City-State-Zip: LABELLE FL 33935

*I hereby 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 all other like empowered.*

**SIGNATURE:** MACDOWELL, VICKI K, SR.

BOARD OF DIRECTOR

05/01/2022

Electronic Signature of Signing Officer/Director Detail

Date