

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000003491

**FILED**  
**Feb 02, 2015**  
**Secretary of State**  
**CC3679269898**

**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:** No

**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 D  
Name CORBITT, ANDREW  
Address 26430 MUSE ROAD  
City-State-Zip: LABELLE FL 33935

Title D  
Name CORBITT, CARMEN L  
Address 26430 MUSE ROAD  
City-State-Zip: LABELLE FL 33935

Title D  
Name SWAILS, MICHAEL L  
Address 17180 KATYDID LN  
City-State-Zip: IMMOKALEE FL 34142

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

Title CORRESPONDING SECRETARY  
Name OBJARTEL, DEBRA L SR.  
Address 19526 COTTON BAY  
City-State-Zip: NORTH FT. MYERS FL 33917

*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:** DEBRA L. OBJARTEL

**CORRESPONDING  
SECRETARY**

**02/02/2015**

Electronic Signature of Signing Officer/Director Detail

Date