

**2014 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:** 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	D
Name	SWAILS, JANE T
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**

01/12/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date