

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006889

**Entity Name:** FIRST UNITED VICTORY OUTREACH MINISTRY INC.**Current Principal Place of Business:**1200 N W 19 ST  
FT. LAUDERDALE, FL 33311**Current Mailing Address:**6603 WINFIELD BLVD  
UNIT B-10  
MARGATE, FL 33063 US**FEI Number:** 65-0877583**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PRESLEY, ROSEMARY E  
6603 WINFIELD BLVD  
B-10  
MARGATE, FL 33063 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:** ROSEMARY E. PRESLEY

03/09/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE PRESIDENT DIRECTOR

Name COOPER, LYNDA

Address 8210 S. W. 4TH PLACE.

City-State-Zip: NORTH LAUDERDALE FL 33068

Title TREASURER DIRECTOR

Name THURSTON, ALZATA

Address 10720 N W 21ST CT.

City-State-Zip: SUNRISE FL 33322

Title RECORDING/FINANCIAL SECRETARY  
DIRECTOR

Name HENLEY, MATTIE

Address 3530 NW 17TH ST.

City-State-Zip: FT. LAUDERDALE FL 33311

Title CHIEF EXECUTIVE OFFICER  
DIRECTOR

Name WILLIAMS, MAXINE

Address 3013 N. W. 26TH STREET

City-State-Zip: FT. LAUDERDALE FL 33311

Title PRESIDENT DIRECTOR

Name WILLIAMS, MAXINE

Address 3013 N. W. 26TH STREET

City-State-Zip: FORT LAUDERDALE FL 33311

Title ASST. RECORDING/FINANCIAL  
SECRETARY DIRECTOR

Name PRESLEY, ROSEMARY E

Address 6603 WINFIELD BLVD  
B-10

City-State-Zip: MARGATE FL 33063

Title COMMUNITY ADVISOR

Name NEELEY, LOREN

Address 3530 N. W. 17TH STREET

City-State-Zip: FORT LAUDERDALE FL 33311

Title COMMUNITY ADVISOR

Name HAMILTON, THADDEUS

Address 9352 N. W. 46TH STREET

City-State-Zip: SUNRISE FL 33351

**Continues on page 2**

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:** ROSEMARY PRESLEY**REGISTERED AGENT**

03/09/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                COMMUNITY ADVISOR  
Name               BURCH, STEPHANIE  
Address            1423 BAHIA DRIVE  
City-State-Zip:   TALLAHASSEE FL 32305

Title                COMMUNITY ADVISOR  
Name               BUNSEE, INDARJIT  
Address            2851 GRIFFIN ROAD  
                         APT 207  
City-State-Zip:   FORT LAUDERDALE FL 33312