

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90409 028 ****61.25

DOCUMENT # 737139

1. Entity Name

WEST INDIES CHRISTIAN OUTREACH, INC.



Principal Place of Business

8145 S.W. 105TH PLACE
OCALA FL 34481
US

Mailing Address

8145 S.W. 105TH PLACE
OCALA FL 34481
US

24035859



MOORE

CR2E037 (11/03)

2. Principal Place of Business

2480 HARTRIDGE POINTE DR. W.

Suite, Apt. #, etc.

3. Mailing Address

2480 HARTRIDGE POINTE DR. W.

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

Zip
33881-1289

Country

USA

City & State

WINTER HAVEN, FL

Zip
33881-1289

Country

USA

4. FEI Number

59-2111344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANLEY, LARRY K.
236 CHAUCER LN.
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ADKINS, VIVIAN
8145 S.W. 105TH PLACE
OCALA FL 34481 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDM
ADKINS, HERBERT
8145 S.W. 105TH PLACE
OCALA FL 34481 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DANLEY, LARRY K.
236 CHAUCER LN.
WINTER HAVEN FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERBERT ADKINS

3/30/04

863-291-4931

Date

Daytime Phone #