

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 737139	
1. Entity Name WEST INDIES CHRISTIAN OUTREACH, INC.	

Principal Place of Business 2480 HARTRIDGE POINTE DR W WINTER HAVEN FL 33881-1289 US	Mailing Address 2480 HARTRIDGE POINTE DR W WINTER HAVEN FL 33881-1289 US
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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	VD ☐ Delete
NAME	ADKINS, VIVIAN
STREET ADDRESS	8145 S.W. 105TH PLACE
CITY-ST-ZIP	OCALA FL 34481
TITLE	PDM ☐ Delete
NAME	ADKINS, HERBERT
STREET ADDRESS	8145 S.W. 105TH PLACE
CITY-ST-ZIP	OCALA FL 34481
TITLE	D ☐ Delete
NAME	DANLEY, LARRY K.
STREET ADDRESS	236 CHAUCER LN.
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000504643
04/26/06-80081-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 _____