

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001153

FILED
Apr 30, 2006
Secretary of State

Entity Name: BYKOTA OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

2011 S.W. JUDITH LANE
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

2011 S.W. JUDITH LANE
PORT SAINT LUCIE, FL 34953

New Mailing Address:

FEI Number: 65-1088496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMILTON, WINSTON G
2011 S.W. JUDITH LANE
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAMILTON, WINSTON G
Address: 2011 SW JUDITH LANE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D () Delete
Name: HAMILTON, IDA
Address: 2011 SW JUDITH LANE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D () Delete
Name: CASON, ANNETTE
Address: 3008 HIBISCUS AVE
City-St-Zip: FT PIERCE, FL 34947

Title: PD () Delete
Name: HAMILTON, WINSTON G CHBC
Address: 2011 SW JUDITH LANE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: SD () Delete
Name: HAMILTON, IDA W RN
Address: 2011 SW JUDITH LANE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: TD () Delete
Name: CASON, ANNETTE MA
Address: 3008 HIBISCUS AVE
City-St-Zip: FORT PIERCE, FL 34947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WINSTON G HAMILTON

D

04/30/2006

Electronic Signature of Signing Officer or Director

Date