2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007
Secretary of State

DOCUMENT# N01000001153

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 HISBISCUS 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
Name:	
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 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 HAMILTON MR 05/08/2007

Electronic Signature of Signing Officer or Director — Date