

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 14, 2009  
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:

658 NW AVENS STREET  
PORT SAINT LUCIE, FL 34983

## Current Mailing Address:

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

## New Mailing Address:

658 NW AVENS STREET  
PORT SAINT LUCIE, FL 34983

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:

HAMILTON, WINSTON G  
658 NW AVENS STREET  
PORT SAINT LUCIE, FL 34983 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:

04/14/2009

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: D (X) Change ( ) Addition  
Name: HAMILTON, WINSTON G  
Address: 658 NW AVENS STREET  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D (X) Change ( ) Addition  
Name: HAMILTON, IDA  
Address: 658 NW AVENS STREET  
City-St-Zip: PORT ST. LUCIE, FL 34983

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

Title: PD (X) Change ( ) Addition  
Name: HAMILTON, WINSTON G CHBC  
Address: 658 NW AVENS STREET  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: SD (X) Change ( ) Addition  
Name: HAMILTON, IDA W RN  
Address: 658 NW AVENS STREET  
City-St-Zip: PORT ST. LUCIE, FL 34983

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 G. HAMILTON

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date