

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002389

FILED
Apr 16, 2004
Secretary of State

Entity Name: DIVINE PROVIDENCE OF GOD OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

3530 1ST AVENUE NORTH #119
ST PETERSBURG, FL 33712

New Principal Place of Business:

3535 CENTRAL AVENUE
ST PETERSBURG, FL 33713

Current Mailing Address:

P.O. BOX 16505
ST PETERSBURG, FL 337336505

New Mailing Address:

FEI Number: 41-2058112 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALLMON, LOLITA M
2567 15TH AVENUE SOUTH
ST PETERSBURG, FL 33712

Name and Address of New Registered Agent:

HALLMON, LOLITA M
11601 4TH STREET NORTH
#3005
ST PETERSBURG, FL 33712

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: _____

04/16/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HALLMON, LOLITA M
Address: 2568 14TH AVE S
City-St-Zip: ST PETERSBURG, FL 33712

Title: D () Delete
Name: WILLIAMS, DELORIS
Address: 2567 15TH AVE S
City-St-Zip: ST PETERSBURG, FL 33712

Title: D () Delete
Name: LEWIS MS, JUANITA
Address: 4700 DARTMOUTH AVE N
City-St-Zip: ST PETERSBURG, FL 33713

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HALLMON, LOLITA M
Address: 11601 4TH STREET NORTH #2005
City-St-Zip: ST PETERSBURG, FL 33716

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

Title: D (X) Change () Addition
Name: RANSOM, COLLORS
Address: 5150 1ST AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33710

Title: D () Change (X) Addition
Name: DANIELS, AUSTELS
Address: 747 2ND AVENUE NORTH #1
City-St-Zip: ST PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LOLITA HALLMON

ADM

04/16/2004

Electronic Signature of Signing Officer or Director

Date