## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000002389

FILED Apr 27, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2567 15TH AVENUE SOUTH ST PETERSBURG, FL 33712

Current Mailing Address: New Mailing Address:

P.O. BOX 16505 ST PETERSBURG, FL 337336505

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HALLMON, LOLITA M
P.O. BOX 15874

HALLMON, LOLITA M
2567 15TH AVENUE

ST PETERSBURG, FL 33733 US ST PETERSBURG, FL 33712 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: 04/27/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D ( ) Delete Title: D (X) Change ( ) Addition

Name: HALLMON, LOLITA M
Address: P. O. BOX 15874
City-St-Zip: ST PETERSBURG, FL 33733
Name: HALLMON, LOLITA M
Address: 2567 15TH AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33712

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WILLIAMS, DELORIS
 Name:

 Address:
 2567 15TH AVE S
 Address:

 City-St-Zip:
 ST PETERSBURG, FL 33712
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 RANSOM, COLLORS
 Name:

 Address:
 5150 1ST AVENUE NORTH
 Address:

 City-St-Zip:
 ST PETERSBURG, FL 33710
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

Name:DANIELS, AUSTELSName:WEBSTER, CARMELIAAddress:747 2ND AVENUE NORTH #1Address:3490 15TH AVENUE SOUTHCity-St-Zip:ST PETERSBURG, FL 33701City-St-Zip:ST PETERSBURG, FL 33711

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: LOLITA HALLMON D 04/27/2006