

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004089

FILED  
Jan 06, 2006  
Secretary of State

**Entity Name:** HOLINEST OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

406 WAYMAN CIRCLE  
WEST PALM BEACH, FL 33413

**New Principal Place of Business:**

**Current Mailing Address:**

406 WAYMAN CIRCLE  
WEST PALM BEACH, FL 33413

**New Mailing Address:**

**FEI Number:** 81-0554279

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COLEMAN-RAMSAY, YVONNE J  
406 WAYMAN CIRCLE  
WEST PALM BEACH, FL 33413 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: PD ( ) Delete  
Name: COLEMAN-RAMSAY, YVONNE J  
Address: 406 WAYMAN CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: VD ( ) Delete  
Name: WALDRON, RENEE M  
Address: 406 WAYMAN CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: TSD ( ) Delete  
Name: CLARK, CARLA P  
Address: P.O. BOX 6411  
City-St-Zip: DELRAY BEACH, FL 33482

**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:

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:** YVONNE J COLEMAN-RAMSAY

PD

01/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date