

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90216 030 ****61.25

DOCUMENT # N02000005526

1. Entity Name
WILLIE BUTTS MINISTRIES, INC.



Principal Place of Business
**620 S.W. 14TH STREET
DEERFIELD, FL 33441**

Mailing Address
**620 S.W. 14TH STREET
DEERFIELD, FL 33441**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282008 Chg-NP CR2E037 (12/06)

4. FEI Number
04-3698652

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUTTS, WILMA J
620 S.W. 14TH STREET
DEERFIELD, FL 33441**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BUTTS, WILLIE C**
STREET ADDRESS **620 S.W. 14TH STREET**
CITY-ST-ZIP **DEERFIELD, FL 33441**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BUTTS, WILMA J**
STREET ADDRESS **620 S.W. 14TH STREET**
CITY-ST-ZIP **DEERFIELD, FL 33441**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BUTTS, COLOSSIA D**
STREET ADDRESS **620 S.W. 14TH STREET**
CITY-ST-ZIP **DEERFIELD, FL 33441**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **JONES, JOSEPH**
STREET ADDRESS **1668 NW 17TH AVE**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE **D** ☐ Change ☒ Addition
NAME **Lewis, ANGELA**
STREET ADDRESS **344 N.W. 2ND WAY**
CITY-ST-ZIP **DEERFIELD Bch. FLA. 33441**

TITLE **D** ☐ Delete
NAME **DILLARD, JANICE L**
STREET ADDRESS **11100 NW 23RD COURT**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DEALE, CARMEN**
STREET ADDRESS **1604 NW 17TH AVE, #8**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Willie C. Butts* President

4/28/08 (954)815-5288