

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90015 023 ****61.25

DOCUMENT # N03000002746

1. Entity Name
HOUR OF DECISION OUTREACH MINISTRIES, INC.



Principal Place of Business
**6253 SW 62ND CT.
MIAMI, FL 33143**

Mailing Address
**6253 SW 62ND CT.
MIAMI, FL 33143**

00000000



03312008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
56-2341818

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LOILCOX, SHARON
6253 SW 62 COURT
MIAMI, FL 33143**

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**ED
FLETCHER, CORTLEY M
6253 SW 62ND CT.
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
WILCOX, SHARON
6253 SW 62ND CT.
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
FLETCHER, THERESA
6253 SW 62ND CT.
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**CD
FLETCHER, PANNEALL
6253 SW 62ND CT.
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
GRAHAM, VENICE
6253 SW 62ND CT.
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**C
BROWN, PHYLLIS
6545 SW 57TH CT., APT. 4
MIAMI, FL 33143**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #