

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002746

FILED
Mar 10, 2009
Secretary of State

Entity Name: HOUR OF DECISION OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

6253 SW 62ND CT.
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6253 SW 62ND CT.
MIAMI, FL 33143

New Mailing Address:

FEI Number: 56-2341818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WILCOX, SHARON
6253 SW 62 COURT
MIAMI, FL 33143 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: SHARON WILCOX

03/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: FLETCHER, CORTLEY M
Address: 6253 SW 62ND CT.
City-St-Zip: MIAMI, FL 33143

Title: PD () Delete
Name: WILCOX, SHARON
Address: 6253 SW 62ND CT.
City-St-Zip: MIAMI, FL 33143

Title: S () Delete
Name: FLETCHER, THERESA
Address: 6253 SW 62ND CT.
City-St-Zip: MIAMI, FL 33143

Title: CD () Delete
Name: FLETCHER, PANNEALL
Address: 6253 SW 62ND CT.
City-St-Zip: MIAMI, FL 33143

Title: T () Delete
Name: GRAHAM, VENICE
Address: 6253 SW 62ND CT.
City-St-Zip: MIAMI, FL 33143

Title: C () Delete
Name: BROWN, PHYLLIS
Address: 6545 SW 57TH CT., APT. 4
City-St-Zip: MIAMI, FL 33143

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:

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 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: THERESA FLETCHER

OFFI

03/10/2009

Electronic Signature of Signing Officer or Director

Date