

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000005545

1. Entity Name

PROPHET LIVINGSTON ORR OUTREACH MINISTRY,
INC.



Principal Place of Business

1700 NW 8TH STREET
FT. LAUDERDALE FL 33311

Mailing Address

1700 NW 8TH STREET
FT. LAUDERDALE FL 33311

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1779

Suite, Apt. #, etc.

City & State

City & State

FT. Lauderdale, Florida

Zip

Country

Zip

33302

Country

Broward

4. FEI Number

65-1089207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORR, LIVINGSTON-
1700 NW 8TH STREET
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25
Due By September 8, 2004**

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

TITLE PD ☐ Delete
NAME ORR, LIVINGSTON
STREET ADDRESS 2891 NW 14TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE TD ☐ Delete
NAME REID, ROSE
STREET ADDRESS 1501 NW 24TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE SD ☐ Delete
NAME WRIGHT, SANDER
STREET ADDRESS 2054 NW 42 TERR. #8
CITY-ST-ZIP FT. LAUDERDALE FL 33313

TITLE D ☐ Delete
NAME PORTER, ALBERTINE
STREET ADDRESS 1440 NW 3RD STREET #2
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 800042313558
STREET ADDRESS 10/29/04--01051--004 **\$61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 800042313558
STREET ADDRESS 12/21/04--01004--005 **\$175.00
CITY-ST-ZIP

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

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

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

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 exemption stated in Section 119.07(3)(i), 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:

Livingston DBR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-04

Date

954-485-3870

Daytime Phone #

FILED

04 DEC 16 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE

CR2E037 (4/04)