

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005545

FILED
Jul 25, 2008
Secretary of State

Entity Name: PROPHET LIVINGSTON ORR OUTREACH MINISTRY, INC.

Current Principal Place of Business:

1501 NW 24TH AVENUE
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1779
FORT LAUDERDALE, FL 33302

New Mailing Address:

FEI Number: 65-1089207 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ORR, LIVINGSTON
1987 KIMLYN CIRCLE
KISSIMMEE, FL 34758 US

Name and Address of New Registered Agent:

ORR, LIVINGSTON
1925 KIMLYN CIRCLE
KISSIMMEE, FL 34758 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: _____

07/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ORR, LIVINGSTON
Address: 1987 KIMLYN CIRCLE
City-St-Zip: KISSIMMEE, FL 34758

Title: TD () Delete
Name: PORTER, ALBERTINE
Address: P O BOX 61154
City-St-Zip: PALM BAY, FL 32906

Title: SD () Delete
Name: WRIGHT, SANDRA
Address: 2054 NW 42 TERR. #8
City-St-Zip: FT.LAUDERDALE, FL 33313

Title: D () Delete
Name: ORR, NAKASIE
Address: 1987 KIMLYN CIRCLE
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ORR, LIVINGSTON
Address: 1925 KIMLYN CIRCLE
City-St-Zip: KISSIMMEE, FL 34758

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ORR, NAKASIE
Address: 1925 KIMLYN CIRCLE
City-St-Zip: KISSIMMEE, FL 34758

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: LIVINGSTON ORR

PD

07/25/2008

Electronic Signature of Signing Officer or Director

Date