

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008875

FILED
Apr 26, 2006
Secretary of State

Entity Name: SEVENTHDAY CHURCH OF GOD OUTREACH MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

P.O. BOX 125
MASCOTTE, FL 34753 US

New Principal Place of Business:

712 ANDERSON STREET
MASCOTTE, FL 34753 US

Current Mailing Address:

P.O. BOX 125
MASCOTTE, FL 34753 US

New Mailing Address:

FEI Number: 30-0294823 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LINDO, CLIVE M
3494 BROOKLYN AVENUE
PORT CHARLOTTE, FL 33949 US

Name and Address of New Registered Agent:

SEWELL, SELVYN M
1072 SINGLETON CIRCLE
GROVELAND, FL 34736 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: SELVYN M SEWELL

04/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SEWELL, SELVYN M
Address: 16032 WORTHINGTON BLVD.,
City-St-Zip: MASCOTTE, FL 34753 US

Title: V.P. () Delete
Name: HAYLES, DANIEL
Address: 408 W. DELAVAN AVENUE
City-St-Zip: BUFFALO, NY 14213 US

Title: SEC. () Delete
Name: HAYLES, PAULETTE D
Address: 408 W. DELAVAN AVENUE,
City-St-Zip: BUFFALO, NY 14213 US

Title: A/SE () Delete
Name: CAMPPBELL, PAULETTE
Address: 345 HIDDEN VIEW DRIVE
City-St-Zip: GROVELAND, FL 34736 US

Title: TREA () Delete
Name: MODESTE, PHILIP M
Address: 1211 WINDY MEADOW DRIVE,
City-St-Zip: CLAREMONT, FL 34711 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SEWELL, SELVYN M
Address: 1072 SINGLETON CIRCLE
City-St-Zip: GROVELAND, FL 34736 US

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

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

Title: A/SE (X) Change () Addition
Name: MODESTE, JANIS
Address: 1211 WINDY MEADOW DRIVE
City-St-Zip: CLERMONT, FL 34711 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SELVYN M SEWELL

PRES

04/26/2006

Electronic Signature of Signing Officer or Director

Date