2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N04000011933

1. Entity Namo

PREACH THE WORD MINISTRY: OUTREACH CENTER INC.



FILED Feb 05, 2007 08:00 AM Secretary of State

Principal Plac	co of Business		Mailin	g Address	Iv					
401 WEST FLORIDA AVENUE., APT B5 HAINES CITY FL 33844			401 V HAIN	WEST FLORIDA A IES CITY FL 3384	AVENUE., APT B5 44		9000			
2. Principal Placo of Business - No P.O Box #				ling Address			BBIII BIBII BBIIE Baii i Bbiii Bbiai		1417 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Suito, Apt. #, otc.			Suite, Apt. #, etc			1st MOORE CR2E037 (10/06)				
City & Slato			Cit	ly & State		4. FEI Number Applied For Not Applicable				
Zip	Country Zi)	Country	5. Certificate of Status Desirod \$8.75 Additional Fee Required				
6. Name and Address of Current Regis				d Agent	'	7. Name and Add	ress of New Registers	d Agent		
					Namo	Namo				
SINGLETARY, LEE GRANT 401 WEST FLORIDA AVENUE., APT B5 HAINES CITY FL 33844					Stroot Addros	Stroot Address (P.O. Box Number is Not Acceptable)				
					City		F	Zıp Cod	e	
8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept										
tho obligations of registered agent.										
SIGNATURE LL Chart Junton - Parpor 3-2-07										
SIGNATORIL		r printed name (a registured a jun	t and fille if app	licable (NOT)	E: Registered Agent signature requ	ired when reinstating)	DAT	E		
FILE NOW: FEE IS \$61.25 Due By May 1, 2007 9. Election Cam Trust Fund Cam					mpaign Financing Contribution	\$5.00 May Be Added to Fees		eck Payable artment of S		
10.		OFFICERS AND D	RECTORS		11.	ADDITIONS/CHANGE	ES TO OFFICERS AND	DIRECTORS IN	l 10	
DIU	Р			Delete	mur			☐ Change	Addition	
NAME SINGLETARY, LEE GRANT					NAME		Unanancha	 110		
SIREFT ADDRESS 401 WEST FLORIDA AVENUE., AF			PT B5		STREET ADDINESS	U00000622928 02/13/07-80045-021 61.25				
CITY-ST-ZIP HAINES CITY FL 33844					CITY-SI-7IP		227 137 01 -000	73-021 6	1.25	
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NAME CIRCLE ADDRESS	SINGLETARY, LAVONIA A				NAME					
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CITY-ST-7IP	HAINES CIT				CHTY-ST-7IP				·	
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NAMI STRLET ADDRESS					NAME STREET ADDRESS					
	1									
CITY - ST - ZIP					CITY-S1-7IP					

12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, 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: Du thant Jung Litary

<u> 2-2-07</u>

813-421-633<u>5</u>