

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

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

DOCUMENT # N04000011933

1. Entity Name

PREACH THE WORD MINISTRY:OUTREACH CENTER INC.



Principal Place of Business

**401 WEST FLORIDA AVENUE., APT B5
HAINES CITY FL 33844**

Mailing Address

**401 WEST FLORIDA AVENUE., APT B5
HAINES CITY FL 33844**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-1239900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SINGLETARY, LEE GRANT
401 WEST FLORIDA AVENUE., APT B5
HAINES CITY FL 33844**

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

Lee Grant Singletary - Pastor **2-2-07**

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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: **P** ☐ Delete
NAME: **SINGLETARY, LEE GRANT**
STREET ADDRESS: **401 WEST FLORIDA AVENUE., APT B5**
CITY-STATE-ZIP: **HAINES CITY FL 33844**

TITLE: **D** ☐ Delete
NAME: **SINGLETARY, LAVONIA-A**
STREET ADDRESS: **401 WEST FLORIDA AVENUE., APT B5**
CITY-STATE-ZIP: **HAINES CITY FL 33844**

TITLE: **AD** ☐ Delete
NAME: **BURNS, LILLIE MAE**
STREET ADDRESS: **815 N. 5TH STREET**
CITY-STATE-ZIP: **HAINES CITY FL**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: **U00000622928**
CITY-STATE-ZIP: **02/13/07-80045-021 61.25**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby 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 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:

Lee Grant Singletary

2-2-07

813-421-6335