# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 03, 2009**
**Secretary of State**

DOCUMENT# N04000011933

**Entity Name:** PREACH THE WORD MINISTRY:OUTREACH CENTER INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

514 RONSHELLE AVE
HAINES CITY, FL 33844

**Current Mailing Address:**

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

**New Mailing Address:**

514 RONSHELLE AVE
HAINES CITY, FL 33844

**FEI Number: 65-1239900** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SINGLETARY, LEE GRANT
514 RONSHELLE AVE
HAINES CITY, FL 33844 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: _____ 04/03/2009
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: SINGLETARY, LEE GRANT
Address: 401 WEST FLORIDA AVENUE., APT B5
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete
Name: SINGLETARY, LAVONIA A
Address: 401 WEST FLORIDA AVENUE., APT B5
City-St-Zip: HAINES CITY, FL 33844

Title: AD ( ) Delete
Name: BURNS, LILLIE MAE
Address: 815 N. 5TH STREET
City-St-Zip: HAINES CITY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: SINGLETARY, LEE GRANT
Address: 514 RONSHELLE AVE
City-St-Zip: HAINES CITY, FL 33844

Title: D (X) Change ( ) Addition
Name: SINGLETARY, LAVONIA A
Address: 514 RONSHELLE AVE
City-St-Zip: HAINES CITY, FL 33844

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

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: LEE GRANT SINGLETARY MR. 04/03/2009
Electronic Signature of Signing Officer or Director — Date