

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT,**

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90009 021 \*\*\*\*61.25

**DOCUMENT # N06000011905**

1. Entity Name

THE UNCOMPROMISING WORD OF GOD MINISTRY AND  
OUTREACH CENTER, INC.



Principal Place of Business

~~5707 N NEBRASKA AVE~~ *We moved*  
~~TAMPA, FL 33604~~ *TO*  
*7617 N. 57th ST*  
*Tampa FL 33617*

Mailing Address

8007 TUDOR PL  
TAMPA, FL 33610

**DO NOT WRITE IN THIS SPACE**



02262008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

41-2215427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KINNARD, WILLIE M  
8007 TUDOR PLACE  
TAMPA, FL 33610

**DO NOT WRITE  
IN THIS SPACE**

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 obligation of registered agent.

SIGNATURE

*Willie M. Kinnard*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*2/26/08*  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME KINNARD, WILLIE MORRIS  
STREET ADDRESS 8007 TUDOR PL  
CITY-ST-ZIP TAMPA, FL 33610

TITLE VD  
NAME KINNARD, WANDA DENISE  
STREET ADDRESS 8007 TUDOR PL  
CITY-ST-ZIP TAMPA, FL 33610

TITLE SD  
NAME COMER, BRENDA JOYCE  
STREET ADDRESS 2908 E EMMA  
CITY-ST-ZIP TAMPA, FL 33610

TITLE TD  
NAME STARKS, ALVIA S  
STREET ADDRESS 8007 TUDOR PL  
CITY-ST-ZIP TAMPA, FL 33610

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Willie M. Kinnard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/26/08*  
Date

*8137408477*  
Daytime Phone #