

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000004607

1. Entity Name
OUTREACH MINISTRIES FELLOWSHIP, INC.



Principal Place of Business
2840 E NINE MILE RD
PENSACOLA, FL 32514

Mailing Address
453 BOCAGE RD.
CANTONMENT, FL 32533 US



01102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3204140

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HYDE, PAUL
453 BOCAGE RD
CANTONMENT, FL 32533

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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 obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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	HYDE, PAUL
STREET ADDRESS	453 BOCAGE RD
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	VSD
NAME	HYDE, KATHY
STREET ADDRESS	453 BOCAGE RD
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	TD
NAME	ODONNELL, JOHN
STREET ADDRESS	154 HOLS BERRY LANE
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	D
NAME	WALKER, DONALD J REV
STREET ADDRESS	P.O. BOX 21
CITY-ST-ZIP	GRIFFIN, GA 30224
TITLE	D
NAME	WILLHITE, LLOYD REV
STREET ADDRESS	130 N MAIN STREET
CITY-ST-ZIP	PORTER, OK 74455
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000795378
01/28/08-80044-025 70.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-08

Date

850-477-0608

Daytime Phone #