

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# N95000000497

Entity Name: LILY OF THE VALLEY OUTREACH MINISTRIES INC.

**Current Principal Place of Business:**

10843 N.W. 27TH AVE.  
A  
MIAMI, FL 33167

**New Principal Place of Business:**

116012 N.W. 27TH AVE  
MIAMI, FL 33054

**Current Mailing Address:**

P.O. BOX 260693  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

FEI Number: 65-0515980      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SADDLER, TONY  
2203 SW 104TH AVE  
MIRAMAR, FL 33025      US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD      ( ) Delete  
Name: SADDLER, TONY  
Address: 2203 SW 104TH AVE  
City-St-Zip: MIRAMAR, FL 33025

Title: T      ( ) Delete  
Name: SADDLER, CARLENE C  
Address: 2203 SW 104TH AVE  
City-St-Zip: MIRAMAR, FL 33025

Title: T      ( ) Delete  
Name: CAMPBELL, ALECIA D  
Address: 3716 N.W. 213TH ST.  
City-St-Zip: MIAMI, FL 33055

Title: T      ( ) Delete  
Name: WILLIAMS, JOAN  
Address: 2766 NW 194 TERRACE  
City-St-Zip: MIAMI, FL 33056

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

Title: T      (X) Change ( ) Addition  
Name: CAMPBELL, ALECIA D  
Address: 2203 S.W. 104TH AVE  
City-St-Zip: MIRAMAR, FL 33025

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

Title: T      ( ) Change (X) Addition  
Name: LAWRENCE, JANE  
Address: 3740 S.W. 48TH AVE  
City-St-Zip: PEMBROKE PARK, FL 33023

Title: T      ( ) Change (X) Addition  
Name: DICKERSON, ROSANNA C  
Address: 5651 MALCOLM ST.  
City-St-Zip: PHILA, PA 19143

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TONT SADDLER

TD

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date