

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000497

FILED  
Jan 31, 2008  
Secretary of State

Entity Name: LILY OF THE VALLEY OUTREACH MINISTRIES INC.

**Current Principal Place of Business:**

1490 SW SAN SEBASTIAN AVE  
PORT SAINT LUCIE, FL 34953 US

**New Principal Place of Business:**

**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 (X)

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

SADDLER, TONY  
1490 SW SAN SEBASTIAN AVE  
PORT SAINT LUCIE, FL 34953 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: 1490 SW SAN SEBASTIAN AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: T ( ) Delete  
Name: SADDLER, CARLENE C  
Address: 1490 SW SAN SEBASTIAN AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: T ( ) Delete  
Name: CAMPBELL, ALECIA D  
Address: 1490 SW SAN SEBASTIAN AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

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

Title: T ( ) Delete  
Name: LAWRENCE, JANE  
Address: 33 ALLEN RD  
City-St-Zip: WEST PARK, FL 33023

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

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

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

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

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

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

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

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: TONY SADDLER

TD

01/31/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date