

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008
Secretary of State

DOCUMENT# N95000000497

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