

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90368 047 ****70.00

DOCUMENT # N95000000497

1. Entity Name
LILY OF THE VALLEY OUTREACH MINISTRIES INC.



Principal Place of Business
**1026 SW 102ND TERRACE
PEMBROKE PINES FL 33025**

Mailing Address
**P.O. BOX 260693
PEMBROKE PINES FL 33026**

10012752



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
10843 N.W. 27th Ave

3. Mailing Address

Suite, Apt. #, etc.
A

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

4. FEI Number **65-0515980**

Applied For
Not Applicable

Zip
33167

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	SADDLER, TONY	
STREET ADDRESS	2203 SW 104TH AVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	T	<input type="checkbox"/> Delete
NAME	SADDLER, CARLENE C	
STREET ADDRESS	2203 SW 104TH AVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, DAVID	
STREET ADDRESS	2766 NW 194 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOAN	
STREET ADDRESS	2766 NW 194 TERRACE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alecia D. Campbell	
STREET ADDRESS	3716 N.W. 213th st.	
CITY-ST-ZIP	Miami, FL - 33055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Joy S. Saddlec* **REG TONY Saddlec** 1/8/03 (954) 704-1403

CR2E037 (10/02)