

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000002100

1. Entity Name
**HOLINESS OF EMMANUEL OUTREACH MINISTRIES,
INC.**



Principal Place of Business

**2841 NW 11TH ST.
CHURCH
FORT LAUDERDALE, FL 33311**

Mailing Address

**2980 S.W. 2ND CT.
HOUSE
FT. LAUDERDALE, FL 33312**



04292008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0735640 *certified copy*

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HICKS, RUTH M REV.
2980 S.W. 2ND COURT
FORT LAUDERDALE, FL 33312**

**DO NOT WRITE
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 HICKS, RUTH M
STREET ADDRESS 2980 S.W. 2ND COURT
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE SD
NAME BENSON, JAMIE L
STREET ADDRESS 491 NW 42 AVE
CITY-ST-ZIP PLANTATION, FL 33317

TITLE TD
NAME DUDLEY, DOROTHY
STREET ADDRESS 3000 NW 17TH CT
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE D
NAME WINNS, ANNIE B
STREET ADDRESS 491 NW 42 AVE
CITY-ST-ZIP PLANTATION, FL 33317

TITLE D
NAME BAILS, GREGORY L
STREET ADDRESS 2980 SW 2ND CT
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE T
NAME KEYES, SHARELL B
STREET ADDRESS 2980 SW 2ND CT
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

000000937796
05/27/08-80066-003 70.00

**DO NOT WRITE
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:

Ruth M Hicks Rev.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(Pastor)
4/29/08 954 581 2195