

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

FILED
Mar 11, 2008 08:00 A
Secretary of State

DOCUMENT # N97000002274

1. Entity Name
**HOLY VESSEL PROPHETIC EVANGELIST OUTREACH
MINISTRY, INC.**



Principal Place of Business
**142 CLAIRE AVE
PANAMA CITY, FL 32401**

Mailing Address
**PO BOX 36311
PANAMA CTY, FL 32414**



02212008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3440086

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BELL, TOMMY
704 WILLIAM AVE
PANAMA CTY, FL 32405**

**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**

U000000854517
03/27/08-80011-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BELL, TOMMY
STREET ADDRESS	704 WILLIAM AVE
CITY-ST-ZIP	PANAMA CTY, FL 32405
TITLE	D
NAME	BELL, BARBARA
STREET ADDRESS	704 WILLIAM AVE
CITY-ST-ZIP	PANAMA CTY, FL 32405
TITLE	S/T
NAME	COOK, OLYMPIA
STREET ADDRESS	510 MAINW NW
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-08 904-511-2761