

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90006 031 \*\*\*\*61.25

**DOCUMENT # N97000003285**

1. Entity Name  
**MILK AND HONEY OUTREACH MINISTRIES INC.**



Principal Place of Business  
**33 EAST GREGORY STREET  
PENSACOLA, FL 32501**

Mailing Address  
**PO BOX 1443  
PENSACOLA, FL 32591**

2. Principal Place of Business  
**6 E. Wright Street**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Pensacola Fl**

City & State

Zip  
**32501**

Country  
**Escambia**

Zip

Country

01312006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3454711**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CULLIVER, SONYA T  
605 WEST LA RUA STREET  
PENSACOLA, FL 32501**

7. Name and Address of New Registered Agent

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

*Sonya T. Culliver*

(NOTE: Registered Agent signature required when reinstating)

**3/3/06**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	SCHMIDT, SUSAN	
STREET ADDRESS	4141 MENENDEZ DR	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	DEAN, LENORA	
STREET ADDRESS	761 PINEY LANE	
CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TURNER, ROBERT	
STREET ADDRESS	2290 DUPONT DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRISSETTE, ELSIE	
STREET ADDRESS	3800 FLINTWOOD RD	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, NORA	
STREET ADDRESS	8550-F SCENIC HWY	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCORVERY, ANNETTE	
STREET ADDRESS	1112 CHAVERS STREET	
CITY-ST-ZIP	PENSACOLA, FL 32534	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan Gautzhorn	
STREET ADDRESS	6915A North Highway #29	
CITY-ST-ZIP	Molino FL 32577	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Schmidt	
STREET ADDRESS	4141 Mendez Drive	
CITY-ST-ZIP	Pensacola Fl 32503	
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 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:

*Sonya T. Culliver*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/06**

Date

**850-469-8788**

Daytime Phone #