

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002919

FILED
Jan 06, 2007
Secretary of State

Entity Name: PEOPLE NEED THE LORD OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

4417 STERLING RD
DANIA, FL 33314

New Principal Place of Business:

Current Mailing Address:

%EVANG. ELIN THOMAS-CAMMOCK
P.O. BOX 6406
FT. LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 65-0837545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, EULA
3961 NW 34 AVE.
LAUDERDALE LAKES, FL 33309 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: D () Delete
Name: THOMAS-CAMMOCK, ELIN
Address: 2157 SW 151 AVE.
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: RICE, BILL BSHP
Address: 19930 SW 12 ST.
City-St-Zip: HOLLYWOOD, FL 33029

Title: VD () Delete
Name: WALTERS, DONOVAN
Address: 2157 SW 151 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: RANGER, MITCHELLE
Address: 3751 NW 25TH ST.
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete
Name: GOLARB, MAUDELINE
Address: 2250 SW 62ND AVE
City-St-Zip: MIRAMAR, FL 33023

Title: SD () Delete
Name: SALMON, SHARON
Address: 2157 SW 151ST AVE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THOMAS-CAMMOCK, ELIN
Address: 2157 SW 151 AVE.
City-St-Zip: MIRAMAR, FL 33027

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RANGER, MITCHELLE
Address: 797 S W SAIL TERRACE
City-St-Zip: PORT ST LUCIE, FL 34956

Title: TD (X) Change () Addition
Name: THOMPSON, MOREEN
Address: 1108 EAST JASMIN LANE
City-St-Zip: N LAUDERDALE, FL 33068

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ELIN THOMAS -CAMMOCK

PD

01/06/2007

Electronic Signature of Signing Officer or Director

Date