

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002919

FILED  
Mar 26, 2009  
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: PD ( ) 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: 797 S W SAIL TERRACE  
City-St-Zip: PORT ST LUCIE, FL 34956

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

03/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date