

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008875

**Entity Name:** SEVENTHDAY CHURCH OF GOD OUTREACH MINISTRIES INTERNATIONAL, INC.

**FILED**  
**Apr 17, 2014**  
**Secretary of State**  
**CC9707412084**

**Current Principal Place of Business:**

4213 N. PINE HILLS ROAD  
ORLANDO, FL 32808

**Current Mailing Address:**

P.O. BOX 580606  
ORLANDO, FL 32858 US

**FEI Number: 30-0294823**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SEWELL, SELVYN M  
4213 N. PINE HILLS ROAD  
ORLANDO, FL 32808 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            SEWELL, SELVYN M  
Address        1072 SINGLETON CIRCLE  
City-State-Zip: GROVELAND FL 34736

Title            DIR  
Name            WATSON, HORTENSE M  
Address        745 BRYSON LOOP  
City-State-Zip: LAKELAND FL 33809

Title            SEC.  
Name            HAYLES, PAULETTE D  
Address        394 W. DELAVAN AVENUE,  
City-State-Zip: BUFFALO, NY 14213

Title            A/SE  
Name            WILLIAMSON, DORRETT  
Address        9525 WATER ORCHID AVE.  
City-State-Zip: CLERMONT FL 34711

Title            DIRECTOR  
Name            MULLINGS, CAROL  
Address        4213 N. PINE HILLS ROAD  
City-State-Zip: ORLANDO FL 32808

*I hereby 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 all other like empowered.*

**SIGNATURE: SELVYN SEWELL**

**PRESIDENT**

**04/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date