

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000497

Entity Name: LILY OF THE VALLEY OUTREACH MINISTRIES INC.**Current Principal Place of Business:**4315 NW 167TH ST.
MIAMI GARDENS, FL 33055**Current Mailing Address:**P.O. BOX 260693
PEMBROKE PINES, FL 33026 US**FEI Number:** 65-0515980**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SADDLER, TONY
3091 SUNRISE LAKES DR. E
APT. # 103
SUNRISE, FL 33322 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	P
Name	SADDLER, TONY
Address	3091 SUNRISE LAKES DR. E APT. # 103
City-State-Zip:	SUNRISE FL 33322

Title	CFO
Name	CAMPBELL-ARMBRISTER, ALECIA D
Address	6844 SW 20TH CT.
City-State-Zip:	MIRAMAR FL 33023

Title	CO-TRUSTEE
Name	MCDONALD, ROBERT
Address	8905 NW 10TH ST.
City-State-Zip:	PEMBROKE PINES FL 33024

Title	VT
Name	SADDLER, CARLENE C
Address	3091 SUNRISE LAKES DR. E. APT.#103
City-State-Zip:	SUNRISE FL 33322

Title	CO-TRUSTEE
Name	MURRAY, SHIRLEY
Address	3235 NW 203RD LANE
City-State-Zip:	MIAMI GARDENS FL 33056

Title	TRUSTEE
Name	SMITH, SHEREE D
Address	7200 NW 45TH CT.
City-State-Zip:	LAUDERHILL FL 33319

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: TONY SADDLER

PASTOR/PRESIDENT

02/07/2025

Electronic Signature of Signing Officer/Director Detail_____
Date