

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000497

**Entity Name:** LILY OF THE VALLEY OUTREACH MINISTRIES INC.

**Current Principal Place of Business:**

P.O BOX 260693  
PEMBROKE PINES, FL 33026

**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 VT  
Name SADDLER, CARLENE C  
Address 6844 SW 20TH CT.  
City-State-Zip: MIRAMAR FL 33023

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

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

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

*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**

**PRESIDENT/PASTOR**

**01/16/2018**

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

\_\_\_\_\_  
Date