2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT	
DOCUMENT# N9500000497	

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

Name and Address of Current Registered Agent:

SADDLER, TONY 3091 SUNRISE LAKES DR. E APT. # 103 SUNRISE, FL 33322 US FILED Jan 17, 2023 Secretary of State 6774290144CC

Certificate of Status Desired: No

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

# **Officer/Director Detail :**

Title	Ρ	Title	VT		
Name	SADDLER, TONY	Name	SADDLER, CARLENE C		
Address	3091 SUNRISE LAKES DR. E APT. # 103	Address	3091 SUNRISE LAKES DR. E. APT.#103		
City-State-Zip:	SUNRISE FL 33322	City-State-Zip:	SUNRISE FL 33322		
Title	CFO	Title	CO-TRUSTEE		
Name	CAMPBELL-ARMBRISTER, ALECIA D	Name	MURRAY, SHIRLEY		
Address	6844 SW 20TH CT.	Address	3235 NW 203RD LANE		
City-State-Zip:	MIRAMAR FL 33023	City-State-Zip:	MIAMI GARDENS FL 33056		
Title	CO-TRUSTEE	Title	TRUSTEE		
Name	MCDONALD, ROBERT	Name	SMITH, SHEREE D		
Address	8905 NW 10TH ST.	Address	7200 NW 45TH CT.		
City-State-Zip:	PEMBROKE PINES FL 33024	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

01/17/2023

Date

Electronic Signature of Signing Officer/Director Detail

Date