

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000497

**FILED**  
**Mar 23, 2016**  
**Secretary of State**  
**CC0846912505**

**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  
11200 SW 13TH ST. APT.#204  
PEMBROKE PINES, FL 33025 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 11200 SW 13TH ST. APT.#204  
City-State-Zip: PEMBROKE PINES FL 33025

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 T  
Name WILLIAMS, JOAN  
Address 2766 NW 194 TERRACE  
City-State-Zip: MIAMI FL 33056

*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**

**03/23/2016**

Electronic Signature of Signing Officer/Director Detail

Date