FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 02 1996 8:00 am
Secretary of State

DOCUMENT # **770114** **(7)**

1. Corporation Name

WORLD OUTREACH CENTER, INC.

Principal Place of Business	Mailing Address
C/O GENE POLINO 7601 FOREST CITY ROAD ORLANDO FL 32810	C/O GENE POLINO 7601 FOREST CITY ROAD ORLANDO FL 32810

3. Date Incorporated or Qualified: **09/06/1983**
3a. Date of Last Report: **03/15/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
22: Suite, Apt. #, etc.
27: Suite, Apt. #, etc.
23: City & State
28: City & State
24: Zip
25: Country
29: Zip
30: Country

4. FEI Number: **59-2457046** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~ROBINSON~~ **POLINO, GENE**
7601 FOREST CITY ROAD
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	HINN, BENEDICTUS		12 NAME	
STREET ADDRESS	%7601 FOREST CITY ROAD		13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		14 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	WELKER, ROBERT		22 NAME	
STREET ADDRESS	721 KEENE RD.		23 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL		24 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	31 TITLE	☒ Change ☐ Addition
NAME	BEIK, STEPHEN		32 NAME	
STREET ADDRESS	~~2015 PINE ST STE 425~~		33 STREET ADDRESS	1101 Lake Destiny Drive, Suite 130
CITY-ST-ZIP	~~ORLANDO FL~~		34 CITY-ST-ZIP	Maitland, FL 32750
TITLE	AST	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	WOLFE, DICK		42 NAME	
STREET ADDRESS	3005 ALAMO DRIVE		43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		44 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	POLINO, GENE		52 NAME	
STREET ADDRESS	7601 FOREST CITY RD.		53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gene Polino — 1/24/96 — (407) 293-7449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GENE POLINO