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Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770114 (7)

1. Corporation Name

WORLD OUTREACH CENTER, INC.

Principal Place of Business

C/O GENE POLINO
7801 FOREST CITY ROAD
ORLANDO FL 32810

Mailing Address

C/O GENE POLINO
7801 FOREST CITY ROAD
ORLANDO FL 32810-28033. Date Incorporated or Qualified
09/06/19833a. Date of Last Report
02/02/19964. FEI Number
59-2457046Applied For
Not Applicable5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POLINI, GENE Polino, Gene
7801 FOREST CITY ROAD
ORLANDO FL 32810

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME HINN, BENEDICTUS
STREET ADDRESS %7801 FOREST CITY ROAD
CITY-ST-ZIP ORLANDO FL1.1 TITLE Director ☐ Change ☒ Addition
1.2 NAME Haus, Ronald
1.3 STREET ADDRESS 1101 Port Chicago Hwy.
1.4 CITY-ST-ZIP Concord, CA 94520TITLE VD ☐ DELETE
NAME WELKER, ROBERT
STREET ADDRESS 721 KEENE RD.
CITY-ST-ZIP APOPKA FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME BEIK, STEPHEN
STREET ADDRESS 1101 LAKE DESTINY DR., #130
CITY-ST-ZIP MAITLAND FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE AST ☐ DELETE
NAME WOLFE, DICK
STREET ADDRESS 3005 ALAMO DRIVE
CITY-ST-ZIP ORLANDO FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME POLINO, GENE
STREET ADDRESS 7801 FOREST CITY RD.
CITY-ST-ZIP ORLANDO FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0017124

CR2E037 (9/96)