

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91160 023 ****70.00

DOCUMENT # NO1000005570

1. Entity Name

WORLD OUTREACH EVANGELISTIC MINISTRIES, INC.

Principal Place of Business

**3009 S TERRACE DR
 WEST PALM BEACH FL 33407**

Mailing Address

**3009 S TERRACE DR
 WEST PALM BEACH FL 33407**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1151690

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HALSTEAD, BRUCE A
 1700 EMBASSY DR, UNIT 601
 WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent

Name **Millicent C. McAllister**

Street Address (P.O. Box Number is Not Acceptable)

3009 South Terrace Dr

City **West Palm Beach**

FL

Zip Code

33407-5017

8. 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 **Millicent C. McAllister - Millicent C. McAllister Secretary**

4/26/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **ONSERIO, JAMES M**
 STREET ADDRESS **3009 S TERRACE DR**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **D** ☐ Delete
 NAME **STEWART, KEITH**
 STREET ADDRESS **791 SNEAD CIRCLE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE **D** ☐ Delete
 NAME **ROSENDARY, CATHERINE**
 STREET ADDRESS **1305 23RD ST**
 CITY-ST-ZIP **RIVERA BEACH FL 33404**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Treasurer Assist** ☐ Change ☒ Addition
 NAME **Arlene M. Hernandez**
 STREET ADDRESS **1191 Lincoln Rd.**
 CITY-ST-ZIP **West Palm Beach, FL 33407**

TITLE **Director - Evangelist** ☐ Change ☒ Addition
 NAME **Julene K. Poole**
 STREET ADDRESS **3009 S Terrace Dr**
 CITY-ST-ZIP **W. Palm Beach, FL 33407-5017**

TITLE **PA - Director** ☐ Change ☐ Addition
 NAME **Bruce A. Halstead**
 STREET ADDRESS **1700 Embassy Dr - Unit 601**
 CITY-ST-ZIP **West Palm Beach, FL 33407**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Millicent C. McAllister**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/02 (561) 842-1727

CR2E037 (9/01)