2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2004 8:00 am
Secretary of State
08-19-2004 90053 023 ****70.50

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1. Entity Name
WORLD OUTREACH EVANGELISTIC MINISTRIES, INC.

Principal Place of Business	Mailing Address
3009 S TERRACE DR WEST PALM BEACH, FL 33407	3009 S TERRACE DR WEST PALM BEACH, FL 33407

07082004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-1151690
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCALLISTER, MILLICENT C
3009 SOUTH TERRACE DRIVE
WEST PALM BEACH, FL 33407-5017

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Millicent C. McCallister 8-9-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ONSERIO, JAMES M
STREET ADDRESS	3009 S TERRACE DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	STEWART, KEITH
STREET ADDRESS	791 SNEAD CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	D
NAME	ROSENDARY, CATHERINE
STREET ADDRESS	1305 23RD ST
CITY-ST-ZIP	RIVERA BEACH, FL 33404
TITLE	TA
NAME	HERNANDEZ, ARLENE M
STREET ADDRESS	1101 LINCOLN ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	DE
NAME	POOLE, JULENE K
STREET ADDRESS	3009 S TERRACE DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 334075017
TITLE	CPAD
NAME	HALSTEAD, BRUCE A
STREET ADDRESS	1700 EMBASSY DR UNIT 601
CITY-ST-ZIP	WEST PALM BEACH, FL 33407

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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: Julene K. Poole Julene K. Poole 08/09/04 (561) 842-2281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #