2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# N01000005570

Entity Name: WORLD OUTREACH EVANGELISTIC MINISTRIES, INC.

Current Principal Place of Business:

3009 S TERRACE DR
WEST PALM BEACH, FL 33407

New Principal Place of Business:

3009 S TERRACE DR
WEST PALM BEACH, FL 33407 US

Current Mailing Address:

3009 S TERRACE DR
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-1151690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCALLISTER, MILLICENT C
3009 SOUTH TERRACE DRIVE
WEST PALM BEACH, FL 334075017 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	ONSERIO, JAMES M	
Address:	3009 S TERRACE DR	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	D	( ) Delete
Name:	CADOGAN, JOANN	
Address:	3105 AVENUE E	
City-St-Zip:	RIVIERA BEACH, FL 33404	
Title:	D	( ) Delete
Name:	WRIGHT, DORIS G	
Address:	532 46TH STREET	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	DE	( ) Delete
Name:	HERNANDEZ, ARLENE M	
Address:	1141 W 7TH STREET	
City-St-Zip:	RIVIERA BEACH, FL 33404	
Title:	DE	( ) Delete
Name:	POOLE, JULENE K	
Address:	3009 S TERRACE DRIVE	
City-St-Zip:	WEST PALM BEACH, FL 334075017	
Title:	CPAD	( ) Delete
Name:	HALSTEAD, BRUCE A	
Address:	1700 EMBASSY DR UNIT 601	
City-St-Zip:	WEST PALM BEACH, FL 33407	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JULENE KING POOLE MIN 04/19/2006
Electronic Signature of Signing Officer or Director — Date