

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005570

FILED  
Apr 02, 2012  
Secretary of State

**Entity Name:** WORLD OUTREACH EVANGELISTIC MINISTRIES, INC.

**Current Principal Place of Business:**

3009 SOUTH TERRACE DRIVE  
WEST PALM BEACH, FL 334075017 US

**New Principal Place of Business:**

**Current Mailing Address:**

3009 SOUTH TERRACE DRIVE  
WEST PALM BEACH, FL 334075017 US

**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  
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:** DE  
**Name:** STEWART, RUTH  
**Address:** 4525 SW 156 PLACE  
**City-St-Zip:** OCALA, FL 34473 US

**Title:** DE  
**Name:** STEWART, KEITH  
**Address:** 4525 SW 156 PLACE  
**City-St-Zip:** OCALA, FL 34473 US

**Title:** DE  
**Name:** STEWART, NEIGEL PASTOR  
**Address:** 2500 SW 153 PLACE ROAD  
**City-St-Zip:** OCALA, FL 34473 US

**Title:** DE  
**Name:** AJAYI, OLUTOYIN L  
**Address:** 3609 TOWNHOUSE COURT  
**City-St-Zip:** WEST PALM BEACH, FL 33407 US

**Title:** DE  
**Name:** POOLE, JULENE K  
**Address:** 3009 S TERRACE DRIVE  
**City-St-Zip:** WEST PALM BEACH, FL 334075017 US

**Title:** CPAD  
**Name:** HALSTEAD, BRUCE A  
**Address:** 1700 EMBASSY DR UNIT 601  
**City-St-Zip:** WEST PALM BEACH, FL 33407 US

I hereby 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 all other like empowered.

**SIGNATURE:** JULENE K. POOLE

DE

04/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date