

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009467

FILED  
Jan 26, 2011  
Secretary of State

**Entity Name:** J.E. WATSON INTERNATIONAL OUTREACH MINISTRIES INC.

**Current Principal Place of Business:**

2310 NW 58TH STREET  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

2310 NW 58TH STREET  
MIAMI, FL 33142

**New Mailing Address:**

**FEI Number:** 11-3667241

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WATSON, JOSEPH E  
2310 NW 58TH STREET  
MIAMI, FL 33412 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: DP  
Name: WATSON, JOSEPH E  
Address: 2310 NW 58TH STREET  
City-St-Zip: MIAMI, FL 33412

Title: DV  
Name: BRAITHWAITE, COOKIE  
Address: 2310 NW 58TH STREET  
City-St-Zip: MIAMI, FL 33412

Title: D  
Name: JONES, WILLIE J  
Address: 2310 NW 58TH STREET  
City-St-Zip: MIAMI, FL 33412

Title: DS  
Name: WILLIAMS, NEKEISHA  
Address: 2310 NW 58TH STREET  
City-St-Zip: MIAMI, FL 33412

Title: DT  
Name: MARTIE, LOTTIE  
Address: 2310 NW 58 ST  
City-St-Zip: MIAMI, FL 33412

Title: D  
Name: KADER, ODIE M  
Address: 2310 NW 58TH STREET  
City-St-Zip: MIAMI, FL 33412

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: JOSEPH E. WATSON

P

01/26/2011

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

\_\_\_\_\_  
Date