FILE NOW: FILING FEE IS $61.25

FILED
Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000318 (4)

1. Corporation Name

NEW DISCIPLES' OUTREACH MINISTRY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 638 DELRAY BEACH FL 33447-0638	P.O. BOX 638 DELRAY BEACH FL 33447-0638

3. Date Incorporated or Qualified: 01/19/1995

3a. Date of Last Report: 05/28/1996

2. Principal Place of Business
21 500 Gulfstream Blvd.
Suite, Apt. #, etc.
22 Suite 101A
City & State
23 Delray Beach, FL
Zip 24 33444 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0551253 ☐ Applied For ☒ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, TOMMY L
8123 MYSTIC HARBOR CIRCLE
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, TOMMY L		1.2 NAME	
STREET ADDRESS	8123 MYSTIC HARBOR CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, DARLENE A		2.2 NAME	
STREET ADDRESS	8123 MYSTIC HARBOR CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BUTLER, RICHARD W		3.2 NAME	
STREET ADDRESS	2988 DORSON WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DOBARD, PAULA L		4.2 NAME	
STREET ADDRESS	935 SW 14TH AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, PATRIIA A		5.2 NAME	
STREET ADDRESS	301 SW 8TH COURT		5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tommy L Brown