


FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N95000000318 (4)**

1. Corporation Name

**NEW DISCIPLES' OUTREACH MINISTRY, INC.**

Principal Place of Business

Mailing Address

**500 GULFSTREAM BLVD  
STE 101A  
DELRAY BEACH FL 33444  
US**

**P.O. BOX 636  
DELRAY BEACH FL 33447-0636**



3. Date Incorporated or Qualified

**01/19/1995**

4. FEI Number

**65-0551253**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25** **29** **30**

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

**01** Name

**02** Street Address (P.O. Box Number is Not Acceptable)

**03**

**04** City

**FL**

**05**

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 *Tommy L. Brown*

**4-26-98**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**SD  
BROWN, DARLENE A  
8123 MYSTIC HARBOR CIRCLE  
BOYNTON BEACH FL 33436**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

**D  
BUTLER, RICHARD W  
2988 DORSON WAY  
DELRAY BEACH FL 33445**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TD  
DOBARD, PAULA L  
935 SW 14TH AVENUE  
DELRAY BEACH FL 33444**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETE

**D  
DAVIS, PATRICIA A  
301 SW 8TH COURT  
DELRAY BEACH FL 33444**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 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* **4-26-98** (561) 369-5998

CP2E037 (10/97)