## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

N95000000733 (4)

## **OUTREACH WORSHIP CENTER, INCORPORATED**

Principal Place of Business Mailing Address					I IRBINIOL DIO 19101 ONNO GONIL BENN DENNI CON	
101 BRIDGET I	LANE	P.O. BOX 1312		A Data face and a Control		
AUBURNDALE FL 33823		AUBURNDALE FL 33823		3. Date Incorporated or Qualified		
					02/13/1995 4. FEI Number	1
						Applied For
2. Principal P	Place of Business	2a. Mailing Address		<del></del>	59-3293317	Not Applicable
21		28		6. Certificate of Status Desired	\$8.75 Additional	
Suite, Apt #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	Fee Required	
22		27		Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowners		
23		28				No
Zip	Country	Zip	Count	try	8. This corporation owes or has paid the curre	
24	25		30			Yes No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered A	gent
			8	91 Name		
FYOCK,	DEBORAH S		1	B2 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
101 BR#	DGET LANE		L		and the same training in the same properties.	
AUBURN	NDALE FL 33823		8	B3		
			l,	B4 City		65 Zip Code
L			- 1	7	FL	1-1
11. Pursuant	to the provisions of Sections 617.050	32 and 617.1508, Florida Statute	es, the abo	ve-named co	orporation submits this statement for the purpose of cration's board of directors. I hereby accept the appo	hanging its registered
agent. I a	m familiar with, and accept the oblig	jations of, Section 617.0503, Fig	rida Statu	tes.	ration's board or directors, i hereby accept the appo-	intment as registered
SIGNATURE						
	Signature, typed or printed name of registered age			agent signature rec	quired when reinstating) DATE	
TITLE	OFFICERS ANI	ID DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	
NAME	. —		1.1 TITLE		L	Change Addition
]	FYOCK, SAMUEL R M		1.2 NAMI	··-		
STREET ADORESS	101 BRIDGET LANE			EET ADDRESS		
CITY-ST-ZIP TITLE	AUBURNDALE FL 33823	☐ DELETE	2.1 TITLE	r-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change   Addition
NAME	l T			1	L	Change Addition
STREET ADORESS	FYOCK, DEBORAH S 101 BRIDGET LANE		2.2 NAMI			
i I				EET ADDRESS		
CITY-ST-ZIP TITLE	AUBURNDALE FL 33823 D	☐ DELETE	2.4 CITY 3.1 TITLE	Y-ST-ZIP		Change Addition
NAME	T .	() OCCLIC	1	· 1	L	Change Addition
STREET ADDRESS	ELLIOTT, CHARLES C 250 W. BAYFRONT ROAD		3.2 NAME			
	LOTHIAN MD 20711			EET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	3.4. CITY 4.1 TITLE	Y - ST - ZIP		Change Addition
NAME	STANLEY, GENE E	DECER	4. 2 NAM	i	L	
STREET ADDRESS	117 PATTERSON DRIVE			EET ADDRESS		
CITY - ST - ZIP	AUBURNDALE FL 33823		4.4 CITY			
TITLE	NODOWNDALL IL GOOLO	DELETE	5.1 TITLE			Change Addition
NAME	ı		5.2 NAME		-	
STREET ADDRESS	1			EET ADDRESS		
CITY-ST-ZIP	,		5.4 CITY-			
TITLE	-	☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME		_	Overigo vaccin
CIDEEL AUDOCCC				CT ADDRESS		

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:** 

CITY-ST-ZIP

Roger Fronk

(941)965-5577

**FILED** 

Apr 30 1998 8:00am

Secretary of State

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