2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N95000000733

Entity Name: OUTREACH WORSHIP CENTER, INCORPORATED

Current Principal Place of Business:

117 E. BRIDGERS AVE
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

117 E. BRIDGERS AVE
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 59-3293317 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FYOCK, DEBORAH S
5915 SR 542 W.
WINTER HAVEN, FL 33880

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: P ( ) Delete
Name: FYOCK, SAMUEL R III
Address: 5915 SR 542 W.
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete
Name: FYOCK, DEBORAH S
Address: 5915 SR 542 W.
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete
Name: MICHAEL, LINDERMAN D
Address: 101 BRIDGET LN
City-St-Zip: AUBURNDALE, FL 33823

Title: D ( ) Delete
Name: OPPENHEIMER, RICHARD K
Address: 611 BERKLEY POINTE PLACE
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SAMUEL R. FYOCK, III P 04/27/2004

Electronic Signature of Signing Officer or Director — Date