

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 718002**

1. Entity Name  
**WORLD MINISTRY OUTREACH INC.**



Principal Place of Business

**406 N.W. 4TH ST.  
OKEECHOBEE, FL 34972 US**

Mailing Address

**P.O. BOX 759  
OKEECHOBEE, FL 34973 US**



02052004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**23-7112561**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HAVERLOCK, FAYE A  
309 SW 15TH ST  
OKEECHOBEE, FL 34974**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000042772  
02/10/04-80038-006 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PRINCE, REBECCA W
STREET ADDRESS	309 SW 15TH ST
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	DP
NAME	HAVERLOCK, FAYE A
STREET ADDRESS	309 SW 15TH ST
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	DS
NAME	PERRY, SANDRA W
STREET ADDRESS	511 SE 2ND AVE
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	D
NAME	RODDENBERRY, GENE
STREET ADDRESS	1107 NW 7TH CT
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-04

Date

863-357-2442

Daytime Phone #