

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

DOCUMENT # 723038

1. Entity Name
WORLDWIDE OUTREACH FOR CHRIST, INC.



Principal Place of Business
4811 WEST UNIVERSITY DR
EDINBURG, TX 78539 US

Mailing Address
PO BOX 4494
MCALLEN, TX 78502 US

2. Principal Place of Business

SIA

Suite, Apt. #, etc.

City & State

Zip

Country
USA

3. Mailing Address

SIA

Suite, Apt. #, etc.

City & State

Zip

Country
USA

05042006 Chg-NP CR2E037 (4/06)

4. FEI Number
23-7225920

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

MC MULLEN, JAMES R. DAVID E MC BURNEY
5743 VERNA WAY 1394 Lemon St.
MILTON, FL 32570 DELAND, FL 32720

Name

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

City

FL

Zip Code

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 September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PC ☐ Delete
NAME TISDALE, JOHN DR.
STREET ADDRESS 216 E US HWY 83
CITY-ST-ZIP MCALLEN, TX

TITLE STD ☒ Delete
NAME TISDALE, CAROL
STREET ADDRESS 216 E US HWY 83
CITY-ST-ZIP MCALLEN, TX

TITLE D ☒ Delete
NAME DANIEL, WILLIAM F.
STREET ADDRESS 127 E. PARK AVE.
CITY-ST-ZIP TALLAHASSEE, FL

TITLE D ☐ Delete
NAME TISDALE, STEPHEN M
STREET ADDRESS 5601 N. 4TH ST
CITY-ST-ZIP MCALLEN, TX 78504

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Change ☒ Addition
NAME EDDY GRANT
STREET ADDRESS 1601 Fern - McAllen, TX 78501
CITY-ST-ZIP

TITLE MGRM ☐ Change ☒ Addition
NAME AUSTIN STRAUBE
STREET ADDRESS 5301 N. 17th St Apt 2
CITY-ST-ZIP McAllen, TX 78504

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

5/15/06

9566826511