

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731028** (7)  
1. Corporation Name

INTERNATIONAL GOSPEL OUTREACH, INC.

Principal Place of Business <b>712 SOUTH 9TH STREET FT. PIERCE FL 34950</b>	Mailing Address <b>712 SOUTH 9TH STREET FT. PIERCE FL 34950</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/01/1974</b>	3a. Date of Last Report <b>06/28/1996</b>
4. FEI Number <b>59-0173023</b>	Applied For <input type="checkbox"/> Not Applicable
5. Estimate of Quotas Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
22. City & State <b>23</b>	27. City & State <b>28</b>
24. Zip <b>25</b>	29. Zip <b>30</b>

9. Name and Address of Current Registered Agent

**RABURN, ROBERT L.  
712 S. 9TH STREET  
FT. PIERCE FL 33450**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number Is Not Acceptable)
83.
84. City
<b>FL</b> 85. 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 *Robert L. Raburn* **9-3-97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RABURN, JOEL W.</b>	1.2 NAME	
STREET ADDRESS	<b>712 S. 9TH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RABURN, ROBERT L.</b>	2.2 NAME	
STREET ADDRESS	<b>712 S. 9TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOLTERS, PAUL T.</b>	3.2 NAME	
STREET ADDRESS	<b>3113 SUNRISE BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RABURN, MERLE</b>	4.2 NAME	
STREET ADDRESS	<b>712 S. 9TH STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAURSEN, CAREN</b>	5.2 NAME	
STREET ADDRESS	<b>MORKSGADE #3, 8000 ARHUS</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>C DENMARK</b>	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARLESS, OSCAR</b>	6.2 NAME	
STREET ADDRESS	<b>2411 SUNRISE BLVD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 *Robert L. Raburn* **9-3-97**  
SIGNATURE REQUIRED

CR2E037 (4/97)