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Jan 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **770178** (2)
1. Corporation Name
WORD OUTREACH TEACHING MINISTRIES, INCORPORATED



Principal Place of Business Mailing Address
**10176 HERNDON RD.
JACKSONVILLE FL 32246-2208
US**

3. Date Incorporated or Qualified **09/09/1983** 3a. Date of Last Report **03/06/1996**

2. Principal Place of Business 21 2175 FOREST GATE DR E Suite, Apt. #, etc.	2a. Mailing Address 26 2175 FOREST GATE DR E Suite, Apt. #, etc.	4. FEI Number 59-2314160 Applied For Not Applicable
22 City & State Jacksonville FL	27 City & State Jacksonville FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip 32246-1127	28 Country DUVAL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 32246-1127	25 DUVAL	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SHELTON, CHARLES G.
2175 FORESTGATE DR E
JACKSONVILLE FL 32246**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	JONES, KATHI	1.2 NAME	
STREET ADDRESS	17 RIVER RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, ANITA SUE	2.2 NAME	
STREET ADDRESS	3945 SUSAN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANE, JANE	3.2 NAME	
STREET ADDRESS	3944 SAN REMO DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, JOAN	4.2 NAME	
STREET ADDRESS	5395 AIR PARK LOOP	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPGS. FL	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELTON, CHARLES G.	5.2 NAME	
STREET ADDRESS	2175 FOREST GATE DR E	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Charles G. Shelton** **CHARLES G SHELTON** JAN 11, 1997 904-398-6559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0006597

CR2E037 (9/96)