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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770178** (2)
1. Corporation Name
WORD OUTREACH TEACHING MINISTRIES, INCORPORATED

Principal Place of Business 2175 FOREST GATE DR E JACKSONVILLE FL 32246-1127 US	Mailing Address 2175 FOREST GATE DR E JACKSONVILLE FL 32246-1127 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/09/1983	Applied For Not Applicable
4. FEI Number 59-2314160	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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 85 Zip Code
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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 Charles G. Shelton
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JONES, KATHI 17 RIVER RD ORANGE PARK FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HALL, ANITA SUE 3945 SUSAN DR GREEN COVE SPRINGS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CRANE, JANE 3944 SAN REMO DR. JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS RICE, JOAN 5395 AIR PARK LOOP GREEN COVE SPGS. FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SHELTON, CHARLES G. 2175 FOREST GATE DR E JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	DS GRIFF PATRICIA B. 506 LAKE ASBURY DR GREEN COVE SPRINGS FL 32043
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

14. I 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, upon an attachment with an address.

SIGNATURE: Charles G. Shelton 2/11/98 904-398-6559
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0008332

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