

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90029 018 ****61.25

DOCUMENT # F01000004486 1. Entity Name FAITH OUTREACH AND WORD MINISTRIES, INC.					
Principal Place of Business 342 DIVISION ST CLERMONT, FL 34711			Mailing Address 342 DIVISION ST CLERMONT, FL 34711		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-1330183	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBINSON, REV. NATHAN C 342 DIVISION ST CLERMONT, FL 34711			7. Name and Address of New Registered Agent Name LYNNE DAVIS Street Address (P.O. Box Number is Not Acceptable) 4495-304 ROOSEVELT BLVD. PMB #194 City JACKSONVILLE FL Zip Code 32210		
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 <u><i>Lynne S. Davis</i></u> LYNNE S. DAVIS <u>7-18-05</u> <small>Signature typed or printed name of registered agent and the 1 applicable. (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBINSON, REV NATHAN C 342 DIVISION ST CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 135 Smith Field Way Fredericksburg, VA. 22406		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ROBINSON, REV BILLIE S 342 DIVISION ST CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 135 Smith Field Way Fredericksburg, VA. 22406		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEPHENSON, CAROL 9809 MEADOW KNOLL CT VIENNA, VA 22181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, ROBERT 1788 N 2525 E RD MOWEAQUE, IL 62550 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, COLEEN 1788 N 2525 E RD MOWEAQUE, IL 62550 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D LYNNE DAVIS 4495-304 ROOSEVELT BLVD, PMB #194 JACKSONVILLE, FL. 32210		
12. 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 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: <u>Rev. Nathan C. Robinson</u> NATHAN C. ROBINSON <u>7/1/05 540337-7786</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					