2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000004486

1. Entity Name FAITH OUTREACH AND WORD MINISTRIES, INC.



FILED Apr 14, 2006 8:00 am Secretary of State

04-14-2006 90146 038 ****61.25

Mailing Address Principal Place of Business 40048201 342 DIVISION ST 342 DIVISION ST CLERMONT, FL 34711 CLERMONT, FL 34711 2. Principal Place of Business
135 Sm.74Fi eco WAY 3. Mailing Address 135 SWITHFIELD WAY Suite, Apt. #, etc Suite. Apt. #. etc. 04122006 Chq-NP CR2E037 (11/05) 4. FEI Number 52-1330183 Applied For City & State City & State FREDERICKS bURG FREDERICKS BURG. Not Applicable \$8.75 Additional 22406 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVIS, LYNNE Street Address (P.O. Box Number is Not Acceptable) 4495-304 ROOSEVELT BLVD PMB # 194 JACKSONVILLE, FL 32210 City 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 DATE (NOTE: Registered Agent aignature required when reinstaling) Signature, typed or printed name of registered agent and life if applicable. Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 **\$5.00** May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ■ Addition Change ☐ Delete TITLE TITLE ROBINSON, REV NATHAN C NAME NAME STREET ADDRESS 135 SMITH FIELD WAY STREET ADDRESS FREDERICKSBURG, VA 22406 CITY-ST-7P CITY-ST-ZIP ■ Addition ☐ Change DVT Delete TITI F ROBINSON, REV BILLIE S NAME NAME STREET ADDRESS STREET ADDRESS 135 SMITHFIELD WAY CITY-ST-ZIP FREDERICKSBURG, VA 22406 CITY - ST - ZIP Change ☐ Addition De!ete TITLE STEPHENSON, CAROL NAME NAME STREET ADDRESS 9809 MEADOW KNOLL CT STREET ADDRESS CITY-ST-ZIP VIENNA, VA 22181 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE PHILLIPS, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 1788 N 2525 E RD CITY-ST-ZIP MOWEAQUE, IL 62550 CITY-ST-77P Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME PHILLIPS, COLEEN STREET ADDRESS 1788 N 2525 E RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOWEAQUE, IL 62550 Delete TITLE Change Addition TITLE D DAVIS, LYNNE NAME NAME STREET ADDRESS 4495-304 ROOSEVELT BLVD, PMB 194 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 CITY-ST-ZIP

12. I hereby certify that the information supplied with this tiling 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 9 mpowered.

SIGNATURE: Rev. Vlathan C. Kobinson-Rev. NATHAN C. Robinson 4/12/06

4/12/06 540-373-7786

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