

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-14-2006 90146 038 ****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 135 SMITHFIELD WAY		3. Mailing Address 135 SMITHFIELD WAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FREDERICKSBURG, VA		City & State FREDERICKSBURG, VA.			
Zip 22406		Country USA		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 DAVIS, LYNNE 4495-304 ROOSEVELT BLVD PMB # 194 JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <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 135 SMITH FIELD WAY FREDERICKSBURG, VA 22406	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ROBINSON, REV BILLIE S 135 SMITHFIELD WAY FREDERICKSBURG, VA 22406	<input type="checkbox"/> Delete			
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	D PHILLIPS, ROBERT 1788 N 2525 E RD MOWEAQUE, IL 62550	<input type="checkbox"/> Delete			
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	D DAVIS, LYNNE 4495-304 ROOSEVELT BLVD, PMB 194 JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing 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 empowered.			Signature: <i>Rev. Nathan C. Robinson</i> Rev. NATHAN C. ROBINSON 4/12/06 540-373-7786		