

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004486

FILED
Jan 25, 2008
Secretary of State

Entity Name: FAITH OUTREACH AND WORD MINISTRIES, INC.

Current Principal Place of Business:

135 SMITHFIELD WY
FREDERICKSBURG, VA 22406

New Principal Place of Business:

Current Mailing Address:

135 SMITHFIELD WY
FREDERICKSBURG, VA 22406

New Mailing Address:

FEI Number: 90-0336742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, LYNNE
4495-304 ROOSEVELT BLVD
PMB # 194
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROBINSON, REV NATHAN C
Address: 135 SMITH FIELD WAY
City-St-Zip: FREDERICKSBURG, VA 22406

Title: DVT () Delete
Name: ROBINSON, REV BILLIE S
Address: 135 SMITHFIELD WAY
City-St-Zip: FREDERICKSBURG, VA 22406

Title: S () Delete
Name: STEPHENSON, CAROL
Address: 9809 MEADOW KNOLL CT
City-St-Zip: VIENNA, VA 22181

Title: D () Delete
Name: PHILLIPS, ROBERT
Address: 1788 N 2525 E RD
City-St-Zip: MOWEAQUE, IL 62550

Title: D () Delete
Name: PHILLIPS, COLEEN
Address: 1788 N 2525 E RD
City-St-Zip: MOWEAQUE, IL 62550

Title: D () Delete
Name: DAVIS, LYNNE
Address: 4495-304 ROOSEVELT BLVD, PMB 194
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATHAN C. ROBINSON

REV.

01/25/2008

Electronic Signature of Signing Officer or Director

Date