

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004486

FILED  
May 08, 2009  
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:**

6349 MONUMENT CIRCLE  
AVON, IN 46123

**Current Mailing Address:**

135 SMITHFIELD WY  
FREDERICKSBURG, VA 22406

**New Mailing Address:**

6349 MONUMENT CIRCLE  
AVON, IN 46123

**FEI Number:** 52-1330184      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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: DP (X) Change ( ) Addition  
Name: ROBINSON, REV NATHAN C  
Address: 6349 MONUMENT CIRCLE  
City-St-Zip: AVON, IN 46123

Title: DVT (X) Change ( ) Addition  
Name: ROBINSON, REV BILLIE S  
Address: 6349 MONUMENT CIRCLE  
City-St-Zip: AVON, IN 46123

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  
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.

05/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date