


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000000771		
1. Entity Name WORLD WIDE MISSIONS OUTREACH, INC.		

Principal Place of Business 1228 SOUTH BINK AVE. SARASOTA, FL 34239	Mailing Address 1228 SOUTH BINK AVE. SARASOTA, FL 34239
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2. Principal Place of Business - No P.O. Box # <u>200 HACKBERRY WAY</u>	3. Mailing Address <u>200 HACKBERRY WAY</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>SANTA ROSA BEACH, FL</u>	City & State <u>SANTA ROSA BEACH, FL</u>
Zip <u>32459</u>	Country
Country	Zip <u>32459</u>

6. Name and Address of Current Registered Agent  STEGEMANN, RUSSELL 1228 SOUTH BINK AVE. SARASOTA, FL 34239		7. Name and Address of New Registered Agent Name <u>RUSSELL STEGEMANN</u> Street Address (P.O. Box Number is Not Acceptable) <u>200 HACKBERRY WAY</u> City <u>SANTA ROSA BEACH</u> FL Zip Code <u>32459</u>	
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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 X [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$122.50</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP STEGEMANN, RUSSELL <u>1228 SOUTH BINK AVE. 200 HACKBERRY WAY</u> <u>SARASOTA, FL 34239</u> <u>SRB, FL 32459</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP STEGEMANN, RUSSELL <u>200 HACKBERRY WAY</u> <u>SANTA ROSA BEACH, FL 32459</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RITT, DENNIS 11515 WESTCOLD SPRING AVE. GREENFIELD, WI 53228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>600103933656</u> <u>06/05/07--01062--001</u> <u>**122.50</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TEOFRO, RAY 6929 STONE RD PORT RICHEY, FL 34688 <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	<del>SECRETARY</del> <input checked="" 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	<del>SECRETARY</del> <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	SEC. KIMM STEGEMANN <u>200 HACKBERRY WAY</u> <u>SANTA ROSA BEACH, FL 32459</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**07 MAY 18 PM 12:05**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05022007 REIN-NP CR2E099 (1/07) 06-07