

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000000771

FILED
Oct 15, 2009
Secretary of State

Entity Name: WORLD WIDE MISSIONS OUTREACH, INC.

Current Principal Place of Business:

200 HACKBERRY WAY
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

200 HACKBERRY WAY
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 43-1787661 **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:

STEGEMANN, RUSSELL
200 HACKBERRY WAY
SANTA ROSA BEACH, FL 32459 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: RUSSELL STEGEMANN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: STEGEMANN, RUSSELL
Address: 200 HACKBERRY WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP () Delete
Name: RITT, DENNIS
Address: 11515 WESTCOLD SPRING AVE.
City-St-Zip: GREENFIELD, WI 53228

Title: T () Delete
Name: TEOFRO, RAY
Address: 6929 STONE RD
City-St-Zip: PORT RICHEY, FL 34688

Title: S () Delete
Name: STEGEMANN, KIMM
Address: 200 HACKBERRY WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: STEGEMANN, RUSSELL
Address: P.O. BOX 1888
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

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

Title: S (X) Change () Addition
Name: STEGEMANN, KIMM
Address: P.O. BOX 1888
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: RUSSELL STEGEMANN

CP

10/15/2009

Electronic Signature of Signing Officer or Director

Date