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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:54

DOCUMENT # **J58315** **(9)**

1. Corporation Name
SPOKEN WORD OUTREACH CENTER INC.

Principal Place of Business	Mailing Address
900 ~~CYPRUS RD~~ cypress rd. ST. AUGUSTINE FL ~~32086~~ US 32086	2507 U.S. #1 SO. ST. AUGUSTINE FL 32086 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1987	3a. Date of Last Report: 04/13/1994
2. Principal Place of Business: 21 900 cypress road	2a. Mailing Address: 26 2507 U.S. 1 South
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 st. augustine, fl.	City & State: 28 St. Augustine, Fl.
Zip: 24 32086 County: 25 st. johns	Zip: 29 32086 Country: 30 st. johns

4. FEI Number: 59-2475365 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FOSTER, WILLIAM M 555 WESTMORELAND ROAD DAYTONA BEACH FL 32114	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SELOVER, WILLIAM F	12 NAME	
STREET ADDRESS	2507 U.S. #1 SO.	13 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BROWN, HOMER	22 NAME	VD Brown, Homer
STREET ADDRESS	900 ~~CYPRUS ROAD~~	23 STREET ADDRESS	900 Cypress Road
CITY ST ZIP	ST. AUGUSTINE FL 32086	24 CITY-ST-ZIP	St. Augustine, Fl. 32086
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	D Brown, Keith
STREET ADDRESS		33 STREET ADDRESS	2640 Isabella
CITY-ST-ZIP		34 CITY-ST-ZIP	St. Augustine, Fl. 32086
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William B Selover 1-13-95 904-797-3381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005722 CP