


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90022 036 \*\*\*\*61.25

**DOCUMENT # N00000003555**  
 1. Entity Name  
**THE INTER-FAITH WORLD-WIDE MISSIONARY OUTREACH EVANGELIST MINISTRY, INC.**



Principal Place of Business Mailing Address  
 1000 BURLINGTON AVENUE NORTH, STE 706 1000 BURLINGTON AVENUE NORTH, STE 706  
 ST PETERSBURG FL 33705 ST PETERSBURG FL 33705



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-3490053** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 BAILEY SR., ARTHUR L BISHOP  
 1000 BURLINGTON AVENUE NORTH, STE 706  
 ST PETERSBURG FL 33705

**7. Name and Address of New Registered Agent**  
 Name **ARTHUR L BAILEY SR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1000 BURLINGTON AVENUE NORTH**  
 City **ST PETERSBURG FL** Zip Code **33705**

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 *Arthur L Bailey* **ARTHUR L BAILEY** DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	C	<input type="checkbox"/> Delete
NAME	BAILEY, ARTHUR L BISHOP	
STREET ADDRESS	1000 BURLINGTON AVENUE NORTH, STE 706	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YARBROUGH, ROBERT REV	
STREET ADDRESS	9142 SOUTH WALLACE ST	
CITY-ST-ZIP	CHICAGO IL 60670	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAILEY, SONJA M	
STREET ADDRESS	1000 BURLINGTON AVENUE NORTH, STE 706	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	P	<input type="checkbox"/> Delete
NAME	BAILEY, ARTHUR JR	
STREET ADDRESS	1000 BURLINGTON AVENUE NORTH, STE 706	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, LARRY W REV	
STREET ADDRESS	1621 HOMEWOOD AVE	
CITY-ST-ZIP	DURHAM NC 27707	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, THOMAS J (JET)	
STREET ADDRESS	7778 29TH SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33705	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Arthur L Bailey* **ARTHUR L BAILEY CHAIRMAN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **5/13/07** Telephone #