

2001 UNIFORM BUSINESS REPORT (UBR)

5/10

FILED
Jun 07, 2001 8:00 am
Secretary of State

05-10-2001 90156 049 ****70.00

DOCUMENT # N00000006124

1. Entity Name

BELIEVERS WORLD OUTREACH, INC.

Principal Place of Business

9115 US HWY. 19 NORTH
 PINELLAS PARK FL 33782

Mailing Address

P. O. BOX 918
 PINELLAS PARK FL 33780

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3671023

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARNOLD, N. DUANE
4975 A 91ST AVE. NORTH
PINELLAS PARK FL 33782

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contributor ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **N. DUANE ARNOLD**
 STREET ADDRESS **4975 A 91ST AVE N**
 CITY-ST-ZIP **PINELLAS PARK, FL 33782**

TITLE ☐ Delete
 NAME **DARIUS D. ARNOLD**
 STREET ADDRESS **765 SILVER CLOUD CIR. #207**
 CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☐ Delete
 NAME **BETTY C. DEBREGORIO**
 STREET ADDRESS **5450 GLEN IVY PLACE**
 CITY-ST-ZIP **PINELLAS PARK, FL 33782**

TITLE ☐ Delete
 NAME **LORA M. HEATON**
 STREET ADDRESS **4975 A 91ST AVE N**
 CITY-ST-ZIP **PINELLAS PARK, FL 33782**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 live empowered.

SIGNATURE:

N. DUANE ARNOLD
 SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 (727) 548-8535
 Date Daytime Phone #

CR2E037 (10/00)