

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006124

FILED
Jun 08, 2004
Secretary of State

Entity Name: BELIEVERS WORLD OUTREACH, INC.

Current Principal Place of Business:

9115 US HWY. 19 NORTH
PINELLAS PARK, FL 33782

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 918
PINELLAS PARK, FL 33780

New Mailing Address:

FEI Number: 59-3671023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARNOLD, N. DUANE
Address: 4975 A 91ST AVE. NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: VPD () Delete
Name: ARNOLD, DARIUS D
Address: 4975 A 91ST AVE. NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: ST () Delete
Name: DEGRECORIO, BETTY C
Address: 5450 GLEN IVY PLACE
City-St-Zip: PINELLAS PARK, FL 33782

Title: TD () Delete
Name: HEATON, LORA M
Address: 4975 A 91ST AVE. NORTH
City-St-Zip: PINELLAS PARK, FL 33782

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LORA M. HEATON

TD

06/08/2004

Electronic Signature of Signing Officer or Director

Date