

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 A.M.
Secretary of State

DOCUMENT # N00000007891 1. Entity Name BIBLE BELIEVERS OUTREACH INC.					
Principal Place of Business 9835 WOODLAND HILLS WAY TALLAHASSEE, FL 32309				Mailing Address 9835 WOODLAND HILLS WAY TALLAHASSEE, FL 32309	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3695772	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WARMACK, TED L 9835 WOODLAND HILLS WAY TALLAHASSEE, FL 32309				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARMACK, TOD L		NAME		
STREET ADDRESS	9975 WOODLAND HILLS WAY		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICH, KATHERINE		NAME		
STREET ADDRESS	2009 SHADY OAKS DR.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARMACK, TED		NAME		
STREET ADDRESS	9835 WOODLAND HILLS WAY		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, STEVE		NAME		
STREET ADDRESS	510 WEST TENNESSEE STREET		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARMACK, SANDRA		NAME		
STREET ADDRESS	9835 WOODLAND HILLS WAY		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WESTER, MICHAEL		NAME		
STREET ADDRESS	10030 MOCCASIN GAP RD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 5-5-08 Daytime Phone #		



05052008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3695772

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

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by September 12, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
 NAME WARMACK, TOD L
 STREET ADDRESS 9975 WOODLAND HILLS WAY
 CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE T ☐ Delete
 NAME RICH, KATHERINE
 STREET ADDRESS 2009 SHADY OAKS DR.
 CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D ☐ Delete
 NAME WARMACK, TED
 STREET ADDRESS 9835 WOODLAND HILLS WAY
 CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE D ☐ Delete
 NAME DAVIS, STEVE
 STREET ADDRESS 510 WEST TENNESSEE STREET
 CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D ☐ Delete
 NAME WARMACK, SANDRA
 STREET ADDRESS 9835 WOODLAND HILLS WAY
 CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE T ☐ Delete
 NAME WESTER, MICHAEL
 STREET ADDRESS 10030 MOCCASIN GAP RD
 CITY-ST-ZIP TALLAHASSEE, FL 32309

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 _____
 Date **5-5-08** Daytime Phone #