

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90032 039 ****61.25

DOCUMENT # N01000000100

1. Entity Name

WALK IN THE WORD OUTREACH MINISTRIES, INC.



Principal Place of Business

**469 WINDING HOLLOW AVE
OCOE FL 34761**

Mailing Address

**PO BOX 2174
WINDERMERE FL 34786**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3504896

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

**NORMAN, MARY E
469 WINDING HOLLOW AVE
OCOE FL 34761**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 PD ☐ Delete
NAME NORMAN, MARY E
STREET ADDRESS 469 WINDING HOLLOW AVE
CITY-ST-ZIP OCOEE FL 34761

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

TITLE MD ☐ Delete
NAME SHERMAN, WILLIE
STREET ADDRESS 3001 RIO GRAND
CITY-ST-ZIP ORLANDO FL 32805

TITLE ☒ Change ☐ Addition
NAME *WILLIE SHERMAN*
STREET ADDRESS *7525 Pacific Heights Cir.*
CITY-ST-ZIP *ORLANDO, FL 32835*

TITLE AD ☐ Delete
NAME KIMBLE, CHARLES
STREET ADDRESS 256 BAY W. NEIGHBOR CIRCLE
CITY-ST-ZIP ORLANDO FL 32835

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

TITLE M ☐ Delete
NAME MOSLEY, JAMES T
STREET ADDRESS 4748 DANELLON DR.
CITY-ST-ZIP ORLANDO FL 32805

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

TITLE M ☐ Delete
NAME BELL, GERALD
STREET ADDRESS PO BOX 217
CITY-ST-ZIP WINDERMERE FL 34786

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

TITLE DF ☐ Delete
NAME JONE, LINDA A
STREET ADDRESS 388 S JOHN YOUNG PARKWAY APT.#3
CITY-ST-ZIP ORLANDO FL 32805

TITLE ☒ Change ☐ Addition
NAME *Linda Jones*
STREET ADDRESS *7525 Pacific Heights Cir.*
CITY-ST-ZIP *Orlando, FL 32835*

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/05

407817-2563