

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90486 038 ****78.75

DOCUMENT # N01000000100					
1. Entity Name WALK IN THE WORD OUTREACH MINISTRIES, INC.					
Principal Place of Business 469 WINDING HOLLOW AVE OCOEE, FL 34761 <i>469 Winding Hollow Ave</i>			Mailing Address PO BOX 2174 WINDERMERE, FL 34786 <i>P.O. Box 2174</i>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. <i>OCOEE</i>		Suite, Apt. #, etc. <i>WINDERMERE</i>		04182006 Chg-NP CR2E037 (11/05)	
City & State <i>FL</i>		City & State <i>FL</i>		4. FEI Number 59-3504896	
Zip <i>34761</i>		Country <i>ORANGE</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORMAN, MARY E 469 WINDING HOLLOW AVE OCOEE, FL 34761		7. Name and Address of New Registered Agent			
Name		Street Address (P.O. Box Number is Not Acceptable)			
City		Zip Code			
FL		FL			
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 <i>Mary E. Norman</i> DATE <i>4/27/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <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 PD	NAME NORMAN, MARY E	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 469 WINDING HOLLOW AVE	CITY-ST-ZIP OCOEE, FL 34761		NAME	STREET ADDRESS	
TITLE MD	NAME SHERMAN, WILLIE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7525 PACIFIC HEIGHTS CIRCLE	CITY-ST-ZIP ORLANDO, FL 32835		NAME	STREET ADDRESS	
TITLE AD	NAME KIMBLE, CHARLES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 256 BAY W. NEIGHBOR CIRCLE	CITY-ST-ZIP ORLANDO, FL 32835		NAME	STREET ADDRESS	
TITLE M	NAME MOSLEY, JAMES T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4748 DANDELLON DR.	CITY-ST-ZIP ORLANDO, FL 32805		NAME	STREET ADDRESS	
TITLE M	NAME BELL, GERALD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS PO BOX 217	CITY-ST-ZIP WINDERMERE, FL 34786		NAME	STREET ADDRESS	
TITLE DF	NAME JONE, LINDA A	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7525 PACIFIC HEIGHTS CIRC	CITY-ST-ZIP ORLANDO, FL 32835		NAME	STREET ADDRESS	
CITY-ST-ZIP ORLANDO, FL 32835	CITY-ST-ZIP ORLANDO, FL 32835		CITY-ST-ZIP	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 <i>Mary E. Norman</i> DATE <i>4/27/06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

50018063





ATTACHMENT 50018063
N01000000100
Division of Corporations

Annual Report

Annual Report Help

Document Number

N01000000100

Business Entity Name

WALK IN THE WORD OUTREACH MINISTRIES, INC.

FEI Number

593504896

FEI Number Status

Listed Above

Applied For

Not Applicable

Certificate of Status Desired

☒ Yes

No \$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes

No

Principal Place of Business

Address

469 WINDING HOLLOW AVE

Suite, Apt. #, etc.

City, State

OCOEE

, FL

Zip Code & Country **34761**

Mailing Address

Address

PO BOX 2174

Suite, Apt. #, etc.

City, State

WINDERMERE

, FL

Zip Code & Country **34786**

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

NORMAN

, **MARY**

, **E**

- OR -

Business to serve as RA

Address (PO Box is not acceptable) **469 WINDING HOLLOW AVE**

Suite, Apt. #, etc.

City, State

OCOEE

, FL

Zip Code & Country

34761

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT

50018062
#101000000100

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PD
Name (Last, First, Middle, Title) NORMAN , MARY , E ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 469 WINDING HOLLOW AVE
City, State OCOEE , FL
Zip Code & Country 34761

Title MD
Name (Last, First, Middle, Title) SHERMAN , WILLIE , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 7525 PACIFIC HEIGHTS CIRCLE
City, State ORLANDO , FL
Zip Code & Country 32835

Title AD
Name (Last, First, Middle, Title) KIMBLE , CHARLES , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 256 BAY W. NEIGHBOR CIRCLE
City, State ORLANDO , FL
Zip Code & Country 32835

Title M

ATTACHMENT

57018063
#NO1000000100

Name (Last, First, Middle, Title)

MOSLEY, JAMES, T,

- OR -

Entity Name to serve as
Officer/Director

Street Address

4748 DANDELLON DR.

City, State

ORLANDO, FL

Zip Code & Country

32805

Title

M

Name (Last, First, Middle, Title)

BELL, GERALD,

- OR -

Entity Name to serve as
Officer/Director

Street Address

PO BOX 217

City, State

WINDERMERE, FL

Zip Code & Country

34786

Title

DF

Name (Last, First, Middle, Title)

JONE, LINDA, A,

- OR -

Entity Name to serve as
Officer/Director

Street Address

7525 PACIFIC HEIGHTS CIRC

City, State

ORLANDO, FL

Zip Code & Country

32835

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PD

Officer/Director Signature

Mary E. Norman

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset