


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90213 036 ****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
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2. Principal Place of Business - No P.O. Box # <i>7448 International Dr.</i> Suite, Apt. #, etc. <i>Hampton Inn</i> City & State <i>Orlando, FL</i> Zip <i>32819</i> Country <i>Orange</i>	3. Mailing Address <i>7448 International Dr.</i> Suite, Apt. #, etc. <i>Orlando, FL</i> City & State <i>Orlando, FL</i> Zip <i>32819</i> Country <i>Orange</i>
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1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent NORMAN, MARY E 469 WINDING HOLLOW AVE OCOE FL 34761	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 59-3504896	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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>Pastor Mary E. Norman</i> <small>Signature, typed or printed name of registered agent and file is acceptable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <i>4/13/07</i>
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FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORMAN, MARY E 469 WINDING HOLLOW AVE OCOE FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SHERMAN, WILLIE 7525 PACIFIC HEIGHTS CIRCLE ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD KIMBLE, CHARLES 250 BAY W. NEIGHBOR CIRCLE ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MOSLEY, JAMES T 4748 DANDELLON DR. ORLANDO FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BELL, GERALD PO BOX 217 WINDERMERE FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DF JONE, LINDA A 7525 PACIFIC HEIGHTS CIRC ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Pastor Mary E. Norman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>4/13/07</i>
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