2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N01000000100

Entity Name: WALK IN THE WORD OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

7448 INTERNATIONAL DRIVE
HAMPTON INN
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2174
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 59-3504896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORMAN, MARY E
469 WINDING HOLLOW AVE
OCOEE, FL 34761 US

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:	NORMAN, MARY E	
Address:	8113 PLANTATION DR .	
City-St-Zip:	ORLANDO, FL 328100000	
Title:	MD	( ) Delete
Name:	SHERMAN, WILLIE	
Address:	7525 PACIFIC HEIGHTS CIRCLE	
City-St-Zip:	ORLANDO, FL 32835	
Title:	AD	( ) Delete
Name:	KIMBLE, CHARLES	
Address:	256 BAY W. NEIGHBOR CIRCLE	
City-St-Zip:	ORLANDO, FL 32835	
Title:	M	( ) Delete
Name:	MOSLEY, JAMES T	
Address:	4748 DANDELLON DR.	
City-St-Zip:	ORLANDO, FL 32805	
Title:	M	( ) Delete
Name:	BELL, GERALD	
Address:	PO BOX 217	
City-St-Zip:	WINDERMERE, FL 34786	
Title:	DF	( ) Delete
Name:	LINDA, JONES M	
Address:	2941 BURROUGHS DR. #7	
City-St-Zip:	ORLANDO, FL 32818	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	NORMAN, MARY E	
Address:	469 WINDING HOLLOW AVENUE	
City-St-Zip:	OCOEE, FL 34761	
Title:	MD	(X) Change ( ) Addition
Name:	SHERMAN, WILLIE	
Address:	8113 PLANTATION DRIVE	
City-St-Zip:	ORLANDO, FL 32810	
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 exemption stated 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 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: MARY E. NORMAN PD 04/07/2009

Electronic Signature of Signing Officer or Director — Date