

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000100

FILED  
Feb 09, 2011  
Secretary of State

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

**Current Principal Place of Business:**

469 WINDING HOLLOW AVE  
OCOE, FL 34761

**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  
OCOE, 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  
Name: NORMAN, MARY E  
Address: 469 WINDING HOLLOW AVENUE  
City-St-Zip: OCOE, FL 34761

Title: MD  
Name: SHERMAN, WILLIE  
Address: 8113 PLANTATION DRIVE  
City-St-Zip: ORLANDO, FL 32810

Title: AD  
Name: KIMBLE, CHARLES  
Address: 256 BAY W. NEIGHBOR CIRCLE  
City-St-Zip: ORLANDO, FL 32835

Title: M  
Name: MOSLEY, JAMES T  
Address: 4748 DANDELLON DR.  
City-St-Zip: ORLANDO, FL 32805

Title: M  
Name: BELL, GERALD  
Address: PO BOX 217  
City-St-Zip: WINDERMERE, FL 34786

Title: DF  
Name: LINDA, JONES M  
Address: 2941 BURROUGHS DR. #7  
City-St-Zip: ORLANDO, FL 32818

I hereby 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 all other like empowered.

SIGNATURE: MARY E. NORMAN

PD

02/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date