

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000100

FILED
Feb 23, 2012
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:

469 WINDING HOLLOW AVE
OCOE, FL 34761

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

PAST

02/23/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date