2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005570

FILED Apr 23, 2009 Secretary of State

Entity Name: WORLD OUTREACH EVANGELISTIC MINISTRIES, INC.

Current Principal Place of Business:					New Principal Place of Business:				
3009 S TERRACE DR WEST PALM BEACH, FL 33407 US					3009 SOUTH TERRACE DRIVE WEST PALM BEACH, FL 334075017 US				
Current Mailing Address:				New Mailing Address:					
3009 S TERRACE DR WEST PALM BEACH, FL 33407 US					3009 SOUTH TERRACE DRIVE WEST PALM BEACH, FL 334075017 US				
FEI Number: 65-1151690 FEI Number Applied For () FEI Number				FEI Num	nber Not Applicable () Certificate of Status Desired (X)				
Name and Address of Current Registered Agent:						Name and Address of New Registered Agent:			
MCALLISTER, MILLICENT C 3009 SOUTH TERRACE DRIVE WEST PALM BEACH, FL 334075017 US					MCALLISTER, MILLICENT C 1141 WEST 7TH STREET RIVIERA BEACH, FL 33404 US				
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:					04/23/2009				
Electronic Signature of Registered Agent					Date				
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	ONSERIO, JAME	ONGRESS.	AVE, BLD 13-C29 3401		Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address: City-St-Zip:	D () CADOGAN, JOA 3105 AVENUE E RIVIERA BEACH		ıus		Title: Name: Address: City-St-Zip:	DE (STEWART, K 4525 SW 156 OCALA, FL 3	EITH PLACE	() Addition	
Title: Name: Address: City-St-Zip:	D () WRIGHT, DORIS 532 46TH STRE WEST PALM BE	ET	3407 US		Title: Name: Address: City-St-Zip:	D (STEWART, N 2500 SW 153 OCALA, FL 3	EIGEL PA PLACE R		
Title: Name: Address: City-St-Zip:	DE () HERNANDEZ, AI 1141 W 7TH STI RIVIERA BEACH	REET	ı US		Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address: City-St-Zip:	DE () POOLE, JULENE 3009 S TERRAC WEST PALM BE	E DRIVE	34075017 US		Title: Name: Address: City-St-Zip:	(() Change	() Addition	
Title: Name: Address: City-St-Zip:	CPAD () HALSTEAD, BRU 1700 EMBASSY WEST PALM BE	DR UNIT 6			Title: Name: Address: City-St-Zip:	(() Change	() Addition	
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: JULENE K. POOLE DE 04/23/2009