

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000008105

FILED
Apr 24, 2003
Secretary of State

Entity Name: FAITH IN THE WORD OUTREACH MINISTRIES INC

Current Principal Place of Business:

437 NE 14 AVENUE
BOYNTON BCH, FL 33435

New Principal Place of Business:

Current Mailing Address:

437 NE 14 AVENUE
BOYNTON BCH, FL 33435

New Mailing Address:

FEI Number: 65-1157467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, WILLIE C JR.
437 NE 14 AVENUE
BOYNTON BCH, FL 33435

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: SMITH, WILLIE C JR
Address: 437 NE 14TH AVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: SD () Delete
Name: SMITH, LAKEYSHA
Address: 1511 SOTNEHAVEN DR APT #2
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TD () Delete
Name: SMITH, ISABEL
Address: 1015 SEAGRAPE RD
City-St-Zip: LANTANA, FL 33462

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SD () Change (X) Addition
Name: SMITH, LAKEYSHA
Address: 2206 MAHOGANY BAY DR
City-St-Zip: BOYNTON BCH, FL 33436 US

Title: TD () Change (X) Addition
Name: NEWTON, ANGELA
Address: 1601 NE 33 ST
City-St-Zip: POMPANO BCH, FL 33064 US

Title: PD () Change (X) Addition
Name: SMITH, WILLIE C JR
Address: 437 NE 14TH AVE
City-St-Zip: BOYNTON BCH, FL 33435 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANGELA NEWTON

TD

04/24/2003

Electronic Signature of Signing Officer or Director

Date