## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 28, 2004 8:00 am DOCUMENT # N02000002169 Secretary of State 1. Entity Name 04-28-2004 90347 001 \*\*\*\*\*8.75 WORLD OUTREACH MISSIONS FOR HARVEST 04-28-2004 90347 002 \*\*\*\*61.25 MINISTRIES, INC. Principal Place of Business Mailing Address 2754 W ATLANTIC BLVD 2754 W ATLANTIC BLVD POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Po Box PO BOX 881418 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) 4. FEI Number Applied For 04-3630550 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE $\theta_{m_{\rm e}} = 0$ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 resident, Treasurer, Director TITLE See TITLE Delete Change FINDLATER, MARIA S FINDLATER, MARIA NAME NAME 20821 NORTHWEST 24TH COURT STREET ADDRESS STREET ADDRESS PO BOX 881418 ort Saint Lucie **MIAMI FL 33056** CITY - ST- ZIP CITY-ST-ZIP Dime ctor TITLE ☐ Delete TITLE FINDLATER, DENSIL C. FINDLATER, DENZEL C NAME 20821 NORTHWEST 24TH COURT 2605 NW Hatches Harbor Rd #207 STREET ADDRESS STREET ADDRESS **MIAMI FL 33056** CITY-ST-ZIP CITY-ST-ZIP Port SAINT Lucie, TITLE - Delete Change -- - Addition SCOTT, GOSSETT H NAME NAME 301 NW 177TH STREET 210 STREET ADDRESS STREET ADDRESS MIAMI FL 33056 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Black 10 or Block 11 if changed, or on an attachment with an appress, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**