

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2005 8:00 am
Secretary of State

DOCUMENT # N02000002169



1. Entity Name

WORLD OUTREACH MISSIONS FOR HARVEST
MINISTRIES, INC.

05-09-2005 90314 001 ****66.25

05-09-2005 90314 002 *****8.75

Principal Place of Business

PO BOX 881418
PORT SAINT LUCIE FL 34988

Mailing Address

PO BOX 881418
PORT SAINT LUCIE FL 34988

2. Principal Place of Business

2605 NW Hatches Harbor Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

207

City & State

Port Saint Lucie, FL

City & State

Zip

34983

Country

USA

Zip

Country

4. FEI Number

04-3630550

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SPTD ☐ Delete
NAME FINDLATER, MARIA S
STREET ADDRESS PO BOX 881418
CITY-ST-ZIP PORT SAINT LUCIE FL 34988-1418

TITLE D ☐ Delete
NAME FINDLATER, DENSIL C
STREET ADDRESS 2605 NW HATCHES HARBOR RD #207
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

TITLE D ☐ Delete
NAME SCOTT, GOSSETT H
STREET ADDRESS 301 NW 177TH STREET 210
CITY-ST-ZIP MIAMI FL 33056

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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STREET ADDRESS
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 Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria Findlater
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2005

(772) 785-8352
Daytime Phone #