

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90084 001 *****8.75
04-22-2003 90084 002 *****61.25

DOCUMENT # **N02000002169**

1. Entity Name
WORLD OUTREACH MISSIONS FOR HARVEST MINISTRIES, INC.



Principal Place of Business
**20821 NORTHWEST 24TH COURT
MIAMI FL 33056**

Mailing Address
**20821 NORTHWEST 24TH COURT
MIAMI FL 33056**

2. Principal Place of Business
**2754 W. Atlantic Blvd
Suite 24**

3. Mailing Address
**2754 W. Atlantic Blvd
Suite # 24**



CHECK HERE IF MAKING CHANGES

City & State
Pompano Beach, FL
Zip
33063
Country
USA

City & State
Pompano Beach, FL
Zip
33063
Country
USA

4. FEI Number
043-630550

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PSTD** Delete
NAME **FINDLATER, MARIA S**
STREET ADDRESS **20821 NORTHWEST 24TH COURT**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **FINDLATER, DENZEL C**
STREET ADDRESS **20821 NORTHWEST 24TH COURT**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **SCOTT, GOSSETT H**
STREET ADDRESS **20821 NORTHWEST 24TH COURT**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE **D** Change Addition
NAME **Scott, Gossett H.**
STREET ADDRESS **301 NW 177th Street #210**
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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: *[Signature]* **4/18/03 (305) 773-6758**

CR2E037 (10/02)