

**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, Apt. #, etc.  
**Suite 24**

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



CHECK HERE IF MAKING CHANGES

City & State  
**Pompano Beach, FL**  
Zip  
**33063**  
Country  
**USA**

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**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

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

7. Name and Address of New Registered Agent

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 177<sup>TH</sup> 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)