

FILED
Mar 04, 2003 8:00 am
Secretary of State

01-21-2003 90559 007 ****61.25

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

1/21/

DOCUMENT # N02000005158

1. Entity Name

JOHN MARK WORLD OUTREACH, INC.



Principal Place of Business
17002 FALCON RIDGE RD
LITHIA FL 33547

Mailing Address
17002 FALCON RIDGE RD
LITHIA FL 33547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14 1839685

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HILLMAN, JANE REV.
4902 BUSCH BLVD
TEMPLE TERRACE FL 33617

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JOHN MARK WILLIAMS
17002 FALCON RIDGE RD.
LITHIA, FL 33547 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V, D
SUSAN D. WILLIAMS
17002 FALCON RIDGE RD.
LITHIA, FL 33547 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S, D
SCOTT EVERETT
1160 ROCK CREST DR.
MCCALLA, AL 35111 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T, D
KAREN EVERETT
1160 ROCK CREST DR.
MCCALLA, AL 35111 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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☐ Change ☐ Addition

2. 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:

JOHN MARK WILLIAMS

Date

Daytime Phone #