

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005872

FILED  
Feb 21, 2012  
Secretary of State

**Entity Name:** WORD OF FAITH MINISTRIES OUTREACH INC.

**Current Principal Place of Business:**

1100 W. 13TH STREET  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1256  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 71-0898094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALKER, HARLAN  
1100 W. 13TH STREET  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WALKER, HARLAN  
Address: 1100 W. 13TH STREET  
City-St-Zip: SANFORD, FL 32771

Title: S  
Name: WALKER, CHERYL P  
Address: 1100 W. 13TH STREET  
City-St-Zip: SANFORD, FL 32771

Title: T  
Name: WOODARD, JOE L JR.  
Address: 2876 N. JULIET DR.  
City-St-Zip: DELTONA, FL 32725

Title: D  
Name: KIZER, TIMOTHY  
Address: 1978 FIRESIDE COURT  
City-St-Zip: CASSELBERRY, FL 32707

Title: D  
Name: RAMIREZ, MANUEL  
Address: 2125 EL CAMPO AVENUE  
City-St-Zip: DELTONA, FL 32725

Title: D  
Name: HONDLENK, DUANE  
Address: 220 GRANDE VISTA ST.  
City-St-Zip: DEBARY, FL 32713

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HARLAN WALKER

P

02/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date