## **2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

SIGNATURE

## Feb 27, 2004 8:00 am Secretary of State DOCUMENT # N03000004419 1. Entity Name 02-27-2004 90018 003 \*\*\*\*70 00 IMMANUEL APOSTOLIC MESSIAH TEMPLE, WORLD VISION OUTREACH MINISTRIES INC. Principal Place of Business Mailing Address 2250 ARBOUR WALK CIR #1712-B 2250 ARBOUR WALK CIR #1712-B 54012734 NAPLES FL 34109 NAPLES FL 34109 2. Principal Place of Business ALK CIRCLE P.O. BOX 110286 Suite, Apt. #, etc. CR2E037 (11/03) MOORE 712-B 4. FEI Number Applied For MPCES. FLORICLA 55-083*2*2-06 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 4108-0105 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAR-ES-SALAAM, JEROME M Street Address (P.O. Box Number is Not Acceptable) 2250 ARBOUR WALK CIR #1712-B NAPLES FL 34109 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) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete Change TITLE RODGERS, AUDLEY PASTOR NAME NAME KCIRCLE # 1712-B 2250 ARBOUR WALK CIR #1712-B STREET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition Change THOMPSON, HENRY MINISTE NAME NAME 224 NE 46 ST STREET ADDRESS STREET ADDRESS MIAMI FL 33137 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition REESE, ALLIESTEAN NAME NAME 3070 NW 98 ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33147** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in 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 in 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 in 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 in the corporation of 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 in the corporation of 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 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and the corporation of the receiver of the receiver of the corporation of the receiver of address, with all other like empower

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