

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2006 8:00 am
Secretary of State

08-01-2006 90002 010 ****70.00

DOCUMENT # N03000004419					
1. Entity Name IMMANUEL APOSTOLIC MESSIAH TEMPLE, WORLD VISION OUTREACH MINISTRIES INC.					
Principal Place of Business 2250 ARBOUR WALK CIR #1712-B NAPLES, FL 34109			Mailing Address PO BOX 110286 NAPLES, FL 34108-0105		
SAME					
2. Principal Place of Business 4280 JEFFERSON LANE			3. Mailing Address		
Suite, Apt. #, etc. SUITE 203			Suite, Apt. #, etc.		
City & State NAPLES			City & State		
Zip 34116		Country USA		Zip 34116	
Country USA		Zip 34116		Country	
4. FEI Number 55-0832206					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent DAR-ES-SALAAM, JEROME M 2129 RIVER REACH DR # 526 NAPLES, FL 34101-6962			7. Name and Address of New Registered Agent Name <u>JEROME M. DAR-ES-SALAAM</u> Street Address (P.O. Box Number is Not Acceptable) 4280 JEFFERSON LANE # 203 City <u>NAPLES</u> FL Zip Code <u>34116</u>		
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 <u>Pastor Jerome M. Dar-es-Salaam</u> DATE <u>7/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	AP SALAAM, DAR-ES- K 2129 RIVER REACH DR #526 NAPLES, FL 341046962	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, HENRY MINISTE 224 NE 46 ST MIAMI, FL 33137	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REESE, ALLIESTEAN 3070 NW 98 ST MIAMI, FL 33147	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, HENRY MINISTE 224 NE 46 ST MIAMI, FL 33137	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REESE, ALLIESTEAN 3070 NW 98 ST MIAMI, FL 33147	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Pastor Jerome M. Dar-es-Salaam</u> DATE <u>7/28/06</u> DAYTIME PHONE # <u>239-455-2457</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					