

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90831 032 ****70.00

DOCUMENT # N03000004419 1. Entity Name IMMANUEL APOSTOLIC MESSIAH TEMPLE, WORLD VISION OUTREACH MINISTRIES INC.					
Principal Place of Business 4280 JEFFERSON LANE STE 203 NAPLES, FL 34116			Mailing Address PO BOX 110286 NAPLES, FL 34108-0105		
2. Principal Place of Business - No P.O. Box # 4280 JEFFERSON LANE #203		3. Mailing Address P.O. Box 110286			
Suite, Apt. #, etc. 203		Suite, Apt. #, etc. 			
City & State NAPLES		City & State NAPLES			
Zip FL		Country USA		4. FEI Number 55-0832206	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent DAR-ES-SALAAM, JEROME M / Bishop 4280 JEFFERSON LANE #203 NAPLES, FL 34116			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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><i>Bishop Jerome Dar-es-Salaam</i></u> DATE <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 May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AP Bishop <input type="checkbox"/> Delete SALAAM, DAR-ES- K 2129 RIVER REACH DR #526 NAPLES, FL 341046962	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete THOMPSON, HENRY MINISTE 224 NE 46 ST MIAMI, FL 33137	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete REESE, ALLIESTEAN 3070 NW 98 ST MIAMI, FL 33147	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"/> Delete	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"/> Delete	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"/> Delete	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><i>Bishop Dar-es-Salaam</i></u> 4/26/07 239-455-2457 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**Division of Corporations****Annual Report**

\$61.25 ANNUAL REPORT FEES

8.75 - STATUS FEES

\$70.00

Annual Report Help

Document Number

N03000004419

Business Entity Name

**IMMANUEL APOSTOLIC MESSIAH TEMPLE, WORLD VISION
OUTREACH MINISTRIES INC.**

FEI Number

550832206

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not
Applicable

Certificate of Status Desired

☒ Yes ☐ No \$8.75 eachElection Campaign Financing Trust Fund
Contribution☐ Yes ☒ No**Principal Place of Business**Address 4280 JEFFERSON LANE
Suite, Apt. #, etc. STE 203
City, State NAPLES, FL
Zip Code & Country 34116 - 3030**Mailing Address**Address PO BOX 110286
Suite, Apt. #, etc.
City, State NAPLES, FL
Zip Code & Country 341080105**Name and Address of Registered Agent**Name (Last, First, Middle, Title) BISHOP
DAR-ES-SALAAM, JEROME, M**- OR -**

Business to serve as RA

Address (PO Box is not acceptable) 4280 JEFFERSON LANE #203

• Suite, Apt. #, etc.

City, State

Zip Code & Country

NAPLES

34116

US

, FL

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

JEROME M. DAR-ES-SALAAM

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

AP

Name (Last, First, Middle,
Title)

DAR-ES-SALAAM, JEROME

, M

, BISHOP

- OR -Entity Name to serve as
Officer/Director

Street Address

4280 JEFFERSON LANE, 203

City, State

NAPLES

, FL

Zip Code & Country

341046962

Title

D

Name (Last, First, Middle,
Title)

THOMPSON

, HENRY

,

, MINISTE

- OR -Entity Name to serve as
Officer/Director

Street Address

224 NE 46 ST

City, State

MIAMI

, FL

Zip Code & Country 33137

Title D

Name (Last, First, Middle, Title) REESE , ALLIESTEAN , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 3070 NW 98 ST

City, State MIAMI , FL

Zip Code & Country 33147

Title

Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State ,

Zip Code & Country

Title

Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State ,

Zip Code & Country

Title

Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as

Division of Corporations

Officer/Director

Street Address

City, State

Zip Code & Country

ATTACHMENT

40092743
#NO 3000004419

Page 4 of 4

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

BISH

Officer/Director Signature JEROME M. DAR-ES-SALAAM

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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