

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010998

1. Entity Name

WORD OF FAITH OUTREACH CHURCH, INC.



Principal Place of Business

601 E ROSERY RD, #5251
LARGO FL 33770

Mailing Address

601 E ROSERY RD, #5251
LARGO FL 33770

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

65-1209100

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUTLIFF, YATE K
501 1ST AVE, N, STE 507
ST PETERSBURG FL 33701

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 re-instating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 D ☐ Delete
NAME MCPHERSON, SAMUEL D
STREET ADDRESS 601 E ROSERY RD, #5251
CITY- ST- ZIP LARGO FL 33770

TITLE D ☐ Delete
NAME BEAVERS, JAMIE
STREET ADDRESS 3416 JACKSON ST
CITY- ST- ZIP HOLIDAY FL 34691

TITLE D ☐ Delete
NAME SHERINSKY-MCPHERSON, LARAIN
STREET ADDRESS 601 E ROSERY RD, #5251
CITY- ST- ZIP LARGO FL 33770

TITLE D ☐ Delete
NAME HIGGINS, BRUCE
STREET ADDRESS 118 JASPER ST
CITY- ST- ZIP LARGO FL 33770

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #