

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000002480

FILED
Dec 09, 2005
Secretary of State

Entity Name: WORLD MISSIONARY OUT REACH, INC.

Current Principal Place of Business:

4241 NW 19 STREET
UNIT 163
LAUDERHILL, FL 33313

New Principal Place of Business:

5192 EDGECLIFF AVE
LAKE WORTH, FL 33463

Current Mailing Address:

4241 NW 19 STREET
UNIT 163
LAUDERHILL, FL 33313

New Mailing Address:

5192 EDGECLIFF AVE
LAKE WORTH, FL 33463

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, DOUGLAS S
4241 NW 19 STREET
UNIT 163
LAUDERHILL, FL 33313 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: CHARLES E. ROBINSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBINSON, CHARLES E
Address: 1100 NW 13 COURT
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: S () Delete
Name: ROBINSON, SYLVIA A
Address: 1100 NW 13 COURT
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete
Name: ROBINSON, WINSTON G
Address: 4 LIS COURT
City-St-Zip: SAYREVILLE, NJ 08872

Title: T () Delete
Name: HENRY, WILLIAM
Address: 115 NW 202 TERRACE #507
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: HENRY, RUTH
Address: 115 NW 202 TERRACE #507
City-St-Zip: MIAMI, FL 33169

Title: AS () Delete
Name: HASTINGS, MONICA
Address: 115 NW 202 TERRACE #507
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROBINSON, CHARLES E
Address: 5192 EDGECLIFF AVE
City-St-Zip: LAKE WORTH, FL 33463

Title: S (X) Change () Addition
Name: ROBINSON, SYLVIA A
Address: 5192 EDGECLIFF AVE
City-St-Zip: LAKE WORTH, FL 33463

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WINSTON G. ROBINSON

T

12/09/2005

Electronic Signature of Signing Officer or Director

Date