2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

lomm

CHARLES E. ROSINSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # N04000002480 FILED WORLD MISSIONARY OUT REACH, INC. 06 SEP 26 PM 4: 16 SCURETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 5192 EDGECLIFF AVE 5192 EDGECLIFF AVE LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09112006 Chg-NP CR2E037 (4/06) City & State City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBINSON, DOUGLAS S 4241 NW 19 STREET Street Address (P.O. Box Number is Not Acceptable) **UNIT 163** LAUDERHILL, FL 33313 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 reinstating) DATE 9. Election Campaign Financing Make check payable to ---Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 15, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Delete TITLE TITLE NAME ROBINSON, CHARLES E NAME 100080184251 5192 EDGECLIFF AVE STREET ADDRESS STREET ADDRESS 09/26/06--01055--001 **75.00 CITY-ST-ZIP LAKE WORTH, FL 33463 CITY-ST-ZIP ☐ Change ☐ Delete ■ Addition TITLE NAME ROBINSON, SYLVIA A NAME 5192 EDGECLIFF AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH, FL 33463 ☐ Delete ☐ Channe ☐ Addition TITLE TITLE ROBINSON, WINSTON G NAME NAME 4 LIS COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAYREVILLE, NJ 08872 Change ☐ Addition TITLE ☐ Delete TITLE HENRY, WILLIAM NAME NAME 115 NW 202 TERRACE #507 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33169 CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE HENRY, RUTH NAME NAME STREET ADDRESS 115 NW 202 TERRACE #507 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33169 Change ■ Addition AS ☐ Delete TITLE TITLE HASTINGS, MONICA NAME NAME 115 NW 202 TERRACE #507 STREET ADDRESS STREET ADDRESS MIAMI, FL 33169 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.