## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Sep 17 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUN 1. Corporation	MENT # N1392	23 (0)				
INTERNATIONAL WORLD OUTREACH, INC.				THE STATE OF THE S		
Principal Place	of Business	Mailing Address				
		3411 HARROW LN (OVIED	O FL 32765)	3. Date Incorporated or Qualified		
3411 HARROW LN (OVIEDO, FL 32765) P.O. BOX 677194		P.O. BOX 677194		03/20/1986		
ORLANDO FL 32	2867	ORLANDO FL 32867		4. FEI Number Applied Fo		
A Delegional Di	ace of Business	2a. Malling Address		59-2701325 Not Applied		
2. Principal Pi	age or business	26 Maning Address		5. Certificate of Status Desired See Required Fee Required	āÌ	
Suite, Apt.	#, etc.	Sulte, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be		
22		City & State		Trust Fund Contribution		
City & State	}	28		7. Is this nonprofit corporation a homeowners association?  Yes X No		
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible		
24	25	29	30]	Personal Property Tax due June 30. No 10. Name and Address of New Registered Aparts		
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registered Appro		
IAVI EILIO	U DOREDT E			ress (P.O. Box Number is Not Acceptable)	<del></del>	
SULLIVAN, ROBERT E. 3411 HARROW LANE			62 Street Addi	ress (P.O. Box Number is not Acceptable)		
OVIEDO			83			
			84 City	FL 85 Zip Code		
11 Durewant t	a the provisions of Sections 617.05	i02 and 617 1508 Florida Statu	ites, the shove-named core	ogration submits this statement for the purpose of changing its registe	ered	
office or re	egistered agent, or both, in the State	te of Florida. Such change was	authorized by the corporal	poration submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as registers	ed	
SIGNATURE	Pale 1 E. S. II	Long Posen	T E SULLIVAN	8/20/98		
	Signature, typed or printed name of registered a	gent and title if applicable. (NO	TE: Registered Agent signature requi	ired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	OFFICERS A	ND DIRECTORS  DELETE	13. 1.1 TITLE		dition	
NAME	SULLIVAN, ROBERT E.	<u></u>	1.2 NAME	_ · -		
STREET ADDRESS	3411 HARROW LN		1.3 STREET ADDRESS			
CITY-ST-ZIP	OVIEDO FL		1.4 CITY-ST-ZIP	[ Ob.,	3000	
TITLE	SD	☐ DELETE	2.1 TITLE	Change Add	attion	
NAME Street address	SULLIVAN, ANN E. 3411 HARROW LAND		2.2 NAME 2.3 STREET ADDRESS	4:5		
CITY-ST-ZIP	OVIEDO FL		2.4 CITY - ST - ZIP	•		
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Add	dition	
NAME	CARROLL, MARY	_	3.2 NAME			
STREET ADDRESS	2907 BENNINSHOEFEN AVE	•	3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	HAMILTON OH	DELETE	3.4. CITY-ST-ZIP	Change Add	dition	
NAME		that every	4. 2 NAME	<b>·</b>		
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		# 6 i	
TITLE		DELETE	5 1 TATLE	Change Add	жиоп	
NAME express appears			5.2 NAME 5.3 Street address			
STREET ADDRESS City-St-Zip			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Add	dition	
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	entify that the information supplied	with this filing does not qualify	64 City-St-ZIP	Section 119.07(3)(i). Florida Statules. I further certify that the information	tion	
	on this annual report or supplied on this annual report or supplemen director of the corporation or the re or Block 13 if changed, or on an at		ccurate and that my signature execute this report as req	Section 119.07(3)(i), Florida Statutes. I further certify that the informal ure shall have the same legal effect as if made under cath, that I am a juired by Chapter 617, Florida Statutes; and that my name appears in	m	