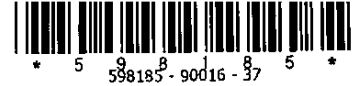


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90016 037 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N13923 ✓					
1. Corporation Name INTERNATIONAL WORLD OUTREACH, INC.					
Principal Place of Business 3411 HARROW LN (OVIEDO, FL 32765) P.O. BOX 677194 ORLANDO FL 32867			Mailing Address 3411 HARROW LN (OVIEDO, FL 32765) P.O. BOX 677194 ORLANDO FL 32867		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/20/1986	
				4. FEI Number 59-2701325	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SULLIVAN, ROBERT E. 3411 HARROW LANE OVIEDO FL 32765				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	SULLIVAN, ROBERT E.		1.2 NAME		
STREET ADDRESS	3411 HARROW LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	SULLIVAN, ANN E.		2.2 NAME		
STREET ADDRESS	3411 HARROW LAND		2.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	CARROLL, MARY		3.2 NAME		
STREET ADDRESS	2907 BENNINGSHOEFEN AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HAMILTON OH		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert E. Sullivan **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/99

Date

407-365-2892

Daytime Phone #

CR2E037 (11/98)

0076635