2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2000 8:00 am
Secretary of State
06-19-2000 90002 012 ****70.00

DOCUMENT # N13923

1. Entity Name

INTERNATIONAL WORLD OUTREACH, INC.

R

Principal Place of Business	Mailing Address
3411 HARROW LN (OVIEDO. FL 32765) P.O. BOX 677194 ORLANDO FL 32867	3411 HARROW LN (OVIEDO. FL 32765) P.O. BOX 677194 ORLANDO FL 32867-7194

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1033 Bonita Dr.	P.O. Box 677194
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Winter Park, FL	Orlando, FL
City & State	City & State
Zip: 32789 Country: USA	Zip: 32867-7194 Country: USA

4. FEI Number: 59-2701325 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SULLIVAN, ROBERT E. 3411 HARROW LANE OVIEDO FL 32765	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.

SIGNATURE Ann E Sullivan 6-1-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SULLIVAN, ROBERT E. 3411 HARROW LN OVIEDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1033 BONITA DR WINTER PARK FL. 32789
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SULLIVAN, ANN E. 3411 HARROW LAND OVIEDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1033 BONITA DR WINTER PARK FL. 32789
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARROLL, MARY 2907 BENNINSHOEFEN AVE. HAMILTON OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E107 (1/97)

12. 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 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: Ann E Sullivan 6-1-00 407-644-4562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #