## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Mar 29, 2004 8:00 am Secretary of State **DOCUMENT # N13923** 03-29-2004 90090 039 \*\*\*\*61.25 INTERNATIONAL WORLD OUTREACH, INC. Principal Place of Business Making Address 1033 BONITA DRIVE P.O. BOX 677194 WINTER PARK, FL 32489 ORLANDO, FL 32867 (RICHHOND RD) 3. Mailing Address 1367 Suite, Apt. #, etc Suite, Apt. #, etc. 03192004 CR2E037 (10/03) 4. FEI Number 59-2701325 City & State Applied For - Not-Applicable 32 Country Country \$8.75 Additional Ζø 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SULLIVAN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1033 BONITA DR. WINTER PARK, FL 32789 Zip Code City 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 DATE Signature, typed or printed name of registered agent and talls if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Florida Department of State 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change ☐ Addition ☐ Delete nne TITLE Ð 1362 Rechmond Rd SULLIVAN, ROBERT E. NAME NAME STREET ADDRESS 1033 BONITA DRIVE STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE SULLIVAN, ANN E. NAME STREET ADDRESS 1033 BONITA DRIVE STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP SD 🗓 Delete ÎNE 🔀 Change ☐ Addition TITLE - ---1362 RichmondRd Writer Park Fl. 32789 CARROLL, MARY NAME STREET ADDRESS 2907 BENNINSHOEFEN AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HAMILTON, OH ☐ Change Addition De ete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Add:tion ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

G OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

FILED