

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90130 040 ****61.25

DOCUMENT # N13923

1. Entity Name

INTERNATIONAL WORLD OUTREACH, INC.



Principal Place of Business

**1033 BONITA DRIVE
WINTER PARK FL 32489**

Mailing Address

**P.O. BOX 677194
ORLANDO FL 32867**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
1033 BONITA DR.
WINTER PARK FL 32789**

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. I am familiar with, and accept the obligations of registered agent. *(SIGNED BY MISTAKE) - N/A*

SIGNATURE **ROBERT E. SULLIVAN - DIRECTOR** *Robert E Sullivan*

3/01/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	SULLIVAN, ROBERT E.	
STREET ADDRESS	1033 BONITA DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	SD	☐ Delete
NAME	SULLIVAN, ANN E.	
STREET ADDRESS	1033 BONITA DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	SD	☐ Delete
NAME	CARROLL, MARY	
STREET ADDRESS	2907 BENNINGSHOEFEEN AVE.	
CITY-ST-ZIP	HAMILTON OH	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: **ANN E. SULLIVAN - ASST. DIRECTOR** *ANN E Sullivan* **3/01/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)