2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008
Secretary of State

DOCUMENT# N28702

Entity Name: WORLD OUTREACH, INC.

Current Principal Place of Business:

5042 TIMUQUANA ROAD
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

5042 TIMUQUANA ROAD
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-3038067 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FERGUSON, ANTHONY D
5042 TIMUQUANA ROAD
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FERGUSON, ANTHONY D REVREND
Address: 933 LAKERIDGE DR
City-St-Zip: ORANGE PARK, FL 32065

Title: V ( ) Delete
Name: YANCEY, THERESA
Address: 5042 TIMUQUANA RD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: TR ( ) Delete
Name: WATERS, LINDA
Address: 5042 TIMUQUANA RD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: TR ( ) Delete
Name: WATERS, JIM
Address: 5042 TIMUQUANA RD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: TR ( ) Delete
Name: DABNEY, BUCKINGHAM
Address: 5042 TIMUQUANA RD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: TR ( ) Delete
Name: ROBERT, FOOSHEE
Address: 5042 TIMUQUANA RD.
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change ( ) Addition
Name: NANCY, LAMBERT
Address: 5042 TIMUQUANA RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY LAMBERT TR 05/15/2008

Electronic Signature of Signing Officer or Director — Date