


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N39278 (9)</b>					
1. Corporation Name <b>BELIZE OUTREACH MINISTRIES, INC.</b>					
Principal Place of Business P.O. BOX 2957 THOMASVILLE GA 31799 US			Mailing Address P.O. BOX 2957 THOMASVILLE GA 31799 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/27/1990</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0121632</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		29		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>BEST, DANIEL M 1206 ADAMS HOLLYWOOD FL 33019</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	FLETCHER, DAVID A				
STREET ADDRESS	143 TUXEDO DR.				
CITY - ST - ZIP	THOMASVILLE GA 31792				
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	MALONE, RANDOLPH A				
STREET ADDRESS	143 TUXEDO DR.				
CITY - ST - ZIP	THOMASVILLE GA 31792				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	YOUNG, JOHN ROBERT				
STREET ADDRESS	1315 PACIFIC AVENUE				
CITY - ST - ZIP	SANTA ROSA CA 95404				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WALLER, GEORGE				
STREET ADDRESS	4912 GARTH ROAD				
CITY - ST - ZIP	HUNTSVILLE AL 35802				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					



CH2E037 (10/97)

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.

SIGNATURE: *Randolph A. Malone* **REQUIRED**

1/15/98 (912) 226-1173