

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90012 049 ****61.25

DOCUMENT # N43513
 1. Entity Name
THE WORD OF FAITH OUTREACH MINISTRIES INCORPORAT

Principal Place of Business Mailing Address
 1909 E. NORTH BAY ST 1909 E. NORTH BAY ST
 TAMPA FL 33610 TAMPA FL 33610

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **59-3069005** Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
JONES, BERNAR SR
1909 E. NORTH BAY ST
TAMPA FL 33610

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

7. Name and Address of New Registered Agent
 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 _____
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete JONES, BERNAR SR 1909 E. NORTH BAY ST TAMPA FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete JONES, TRENA D 1909 E. NORTH BAY ST TAMPA FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete PETERKIN, SALENA 1909 E. NORTH BAY ST TAMPA FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete JONES, LILLIAN 1909 E. NORTH BAY ST TAMPA FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Bernar Jones Sr SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4-24-01 Daytime Phone #: 813-237-3092

CR2E037 (10/00)