


FILE NOW: FILING FEE IS \$61.25

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90059 039 ****75.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N51066					
1. Corporation Name CAMEROON OUTREACH MISSION INC.					
Principal Place of Business 205 E. 44TH STREET JACKSONVILLE FL 32208			Mailing Address CAMEROON OUTREACH MISSION USA, INC. P.O. BOX 40944 JACKSONVILLE FL 32203 US		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/30/1992	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3138750	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BROWN, ELLIS E. JR. 7173 RIDGEGLEN CT. JACKSONVILLE FL 32206				10. Name and Address of New Registered Agent	
				81 Name Martha Rose Williams	
				82 Street Address (P.O. Box Number is Not Acceptable) 12692 Sampson Rd	
				83 Jacksonville	
				84 City FL 85 Zip Code 32218	

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: *Martha Rose Williams*

(NOTE: Registered Agent signature required when reinstating)

DATE: **4-2-99**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENRY, LOUISE			1.2 NAME			
STREET ADDRESS	205 E. 44TH ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WADE, ARTHUR E REV			2.2 NAME			
STREET ADDRESS	838 TAMY COVE LN			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32218			2.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, DR DEBRA			3.2 NAME			
STREET ADDRESS	2505 BARRY DRIVE S			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP			
TITLE	BO	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOYD, CHARLENE			4.2 NAME			
STREET ADDRESS	8401 GRAMPPELL DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Marilyn B. Miles			5.2 NAME			
STREET ADDRESS	1481 W. Union St			5.3 STREET ADDRESS			
CITY-ST-ZIP	Jacksonville, FL 32209			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: *Louise Henry* **LOUISE HENRY** - 4-25-99-904-355-7781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)