

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90006 012 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000000411	
1. Entity Name	
WORLD EVANGELISM OUTREACH, INC.	

Principal Place of Business	Mailing Address
86 N DAVIS LANE DEFUNIAK SPRINGS FL 32433 US	86 N DAVIS LANE DEFUNIAK SPRINGS FL 32433 US

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	59-2522011	Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
WHITE, R W 80 GUAVA AVE DEFUNIAK SPRINGS FL 32433	

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	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PDC <input type="checkbox"/> Delete
NAME	WHITE, R W
STREET ADDRESS	80 GUAVA AVE
CITY-ST-ZIP	DEFUNIAK SPRINGS FL
TITLE	D <input type="checkbox"/> Delete
NAME	WHITE, JOHN J
STREET ADDRESS	JOHN WHITE ROAD
CITY-ST-ZIP	DEFUNIAK SPRINGS FL
TITLE	STD <input type="checkbox"/> Delete
NAME	CAMPBELL, LEON
STREET ADDRESS	138 CYPRESS AVE
CITY-ST-ZIP	DEFUNIAK SPRINGS FL
TITLE	VD <input type="checkbox"/> Delete
NAME	WHITE, ROGER D
STREET ADDRESS	HWY C 81A
CITY-ST-ZIP	PONCE DE LEON FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>ROGER D WHITE</i>	01-08-01 892-6226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E037 (10/00)