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FILED

May 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000674 (2)

1. Corporation Name

FIRE OF THE WORD WORLD OUTREACH FELLOWSHIP INC.

Principal Place of Business

Mailing Address

5530 ATOMA STREET
JACKSONVILLE FL 32244
USP.O. BOX 61072
JACKSONVILLE FL 32236-1072
US3. Date Incorporated or Qualified
02/09/19933a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21 5530 Catoma St.

26 Suite, Apt. #, etc.

22 # 3

27 Suite, Apt. #, etc.

23 Jacksonville FL

28 City & State

24 32244 25 Doral

29 Zip 30 Country

4. FEI Number
59-3172007Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for Intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, STANLEY M
8342 KNOTTS LANDING DRIVE EAST
JACKSONVILLE FL 32244

81 Name Stanley M. Williams

82 Street Address (P.O. Box Number is Not Acceptable)
3608 Morning Meadow Ln

83 City DRANKE PARK FL 85 Zip Code 32073

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME WILLIAMS, STANLEY M
STREET ADDRESS 8342 KNOTTS LANDING DRIVE EAST
CITY-ST-ZIP JACKSONVILLE FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE DVT
NAME WILLIAMS, EUNICE D
STREET ADDRESS 8342 KNOTTS LANDING DRIVE EAST
CITY-ST-ZIP JACKSONVILLE FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE DS
NAME WALKER, GERALD
STREET ADDRESS 11314 MONUMENT LANDING BLVD
CITY-ST-ZIP JACKSONVILLE FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE DD
NAME BONAPARTE, JAMES
STREET ADDRESS 4919 RIDGEWAY DRIVE EAST
CITY-ST-ZIP JACKSONVILLE FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: Eunice Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97

Date

Daytime Phone #0006204

CR2E037 (9/96)