

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 10, 1999 8:00 am**  
**Secretary of State**

09-10-1999 90011 041 \*\*\*\*61.25

DOCUMENT # N93000000674

Corporation Name

FIRE OF THE WORD WORLD OUTREACH FELLOWSHIP INC.

Principal Place of Business

5530 CATOMA ST  
#3  
JACKSONVILLE FL 32244  
JS

Mailing Address

5530 CATOMA ST  
#3  
JACKSONVILLE FL 32244  
US



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
		26		02/09/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
		27		59-3172007	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		28			
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29	30		

9. Name and Address of Current Registered Agent

WILLIAMS, STANLEY M  
3608 MORNING MEADOW LANE  
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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	
Signature, typed or printed name of registered agent and title if applicable.					
OFFICERS AND DIRECTORS					
E	DP	<input type="checkbox"/> DELETE			
IE	WILLIAMS, STANLEY M				
EET ADDRESS	3608 MORNING MEADOW LANE				
-ST-ZIP	ORANGE PARK FL 32073				
E	DVT	<input type="checkbox"/> DELETE			
IE	WILLIAMS, EUNICE D				
EET ADDRESS	3608 MORNING MEADOW LANE				
-ST-ZIP	ORANGE PARK FL 32073				
E	DS	<input type="checkbox"/> DELETE			
IE	WALKER, GERALD				
EET ADDRESS	11314 MONUMENT LANDING BLVD				
-ST-ZIP	JACKSONVILLE FL				
E	DD	<input type="checkbox"/> DELETE			
IE	BONAPARTE, JAMES				
EET ADDRESS	4919 RIDGEWAY DRIVE EAST				
-ST-ZIP	JACKSONVILLE FL				
E		<input type="checkbox"/> DELETE			
E					
EET ADDRESS					
-ST-ZIP					
E		<input type="checkbox"/> DELETE			
E					
EET ADDRESS					
-ST-ZIP					

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	DS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
5.2 NAME	Bonaparte, Melissa		
5.3 STREET ADDRESS	4919 Ridgeway Drive East		
5.4 CITY-ST-ZIP	Jacksonville, FL 32210		
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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.

GNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald Walker  
9/9/99

(904) 779-0101  
Daytime Phone #

CR2E037 (5/99)