

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000001421

FILED
Jan 11, 2006
Secretary of State

Entity Name: BILLY BURKE WORLD OUTREACH, INC.

Current Principal Place of Business:

5810 W CYPRESS ST.
SUITE A
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 25441
TAMPA, FL 336225441 US

New Mailing Address:

FEI Number: 59-3171645 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BURKE, BILLY
15604 COCHESTER ROAD
TAMPA, FL 33647 US

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: BILLY BURKE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURKE, BILLY
Address: 15604 COCHESTER ROAD
City-St-Zip: TAMPA, FL 33647

Title: VSD () Delete
Name: BURKE, MELANIE
Address: 15604 COCHESTER ROAD
City-St-Zip: TAMPA, FL 33647

Title: TD () Delete
Name: STOCKHEISEN, JOHN
Address: 3241 BRUSHWOOD CT.
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: JORDAN, RANDY
Address: 3041 SW 23RD ST
City-St-Zip: FT LAUDERDALE, FL 33313

Title: D () Delete
Name: MULOCK, MARK
Address: 1507 YARDLEY DR
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D () Delete
Name: JAMES, JOSEPH
Address: 5211 CYPRESS PALMS LANE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLY BURKE

PD

01/11/2006

Electronic Signature of Signing Officer or Director

Date