

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001421

FILED  
Jun 17, 2009  
Secretary of State

**Entity Name:** BILLY BURKE WORLD OUTREACH, INC.

**Current Principal Place of Business:**

5650 BRECKENRIDGE PARK DR  
SUITE 216  
TAMPA, FL 33610 US

**New Principal Place of Business:**

**Current Mailing Address:**

5650 BRECKENRIDGE PARK DR  
SUITE 216  
TAMPA, FL 33610 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, WILLIAM C  
15604 COCHESTER RD  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BURKE, WILLIAM C  
Address: 15604 COCHESTER RD  
City-St-Zip: TAMPA, FL 33647

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

Title: TD ( ) Delete  
Name: STOCKHAUSEN, 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: 14907 BILLINGSHURST CT  
City-St-Zip: HUNTERVILLE, NC 28078

Title: D ( ) Delete  
Name: JAMES, JOSEPH  
Address: 1904 CURRY RD  
City-St-Zip: TAMPA, FL 33649

**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  
Name:  
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 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: WILLIAM C BURKE

PRES

06/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date