

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90186 029 ****65.00

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1. Entity Name
WORLDWIDE EVANGELICAL GOSPEL OUTREACH, INC.



Principal Place of Business
**159 MINUTEMEN CAUSEWAY
COCOA BEACH, FL 32931**

Mailing Address
**P O BOX 320735
COCOA BEACH, FL 32932-0735**

50023822



03012005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3249201

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARC W. IVANCHAK JR.
159 MINUTEMEN CAUSEWAY
COCOA BEACH, FL 32931**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLAYTON, DR. ROBERT E
3525 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
CLAYTON, JAN
3525 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WITTBOLD, JANE
690 OSCEOLA AVE # 502
WINTER PARK, FL 32789**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
IVANCHAK, MARC
159 MINUTEMAN (BOX 320735)
COCOA BEACH, FL 32932**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
GARCIA, RENEE
643 WOOD BRIDGE
MELBOURNE, FL 32940**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] **Marc W Ivanchak Jr** **3/8/2005** **784-0012**