

ANNUAL REPORT (AR)

DOCUMENT # N95000000226

1. Entity Name

JESUS WORLD OUTREACH EVANGELISTIC MINISTRIES, INC.



FILED
Jan 25, 2007 08:00 AM
Secretary of State

Principal Place of Business

4314-16 NW 7TH AVE
MIAMI FL 33127

Mailing Address

PO BOX 5197
HIALEAH FL 33014-1197
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0549284

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, CHARLES
5130 SW 122 TERRACE
COOPER CITY FL 33330

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE S ☐ Delete
NAME WALKER, CORELIA
STREET ADDRESS 5881 NW 57TH CT APT 2109
CITY ST ZIP TAMARAC FL 33319

TITLE C/P ☐ Delete
NAME KEYE, ALAND S
STREET ADDRESS 17667 SW 28TH CT
CITY ST ZIP MIRAMAR FL 33029

TITLE VP ☐ Delete
NAME BROWN, CHARLES
STREET ADDRESS 5130 SW 122 TERR
CITY ST ZIP COOPER CITY FL 33330

TITLE T ☐ Delete
NAME HARRIS, CHERYLDEAN
STREET ADDRESS 309 NW 28 AVE
CITY ST ZIP LAUDERDALE LAKES FL

TITLE T ☐ Delete
NAME KEYE, JOYCE
STREET ADDRESS 17667 SW 28TH COURT
CITY ST ZIP MIRAMAR FL 33029

TITLE T ☐ Delete
NAME PUREFOY, WALTER
STREET ADDRESS 2124 N =E 167 ST #E-2
CITY ST ZIP MIAMI FL 33162

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP
U000000604472
01/29/07-80055-014 70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY ST ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Walter Purefoy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER PUREFOY

01-21-07

754-244-1730

Date

Daytime Phone #