FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 N95000004785 (0) DOCUMENT #

TED SIMMONS' WORLD OUTREACH FIELD MINISTRIES, IN

Principal Place of Business

Mailing Address

FILED Apr 23 1997 8:00am Secretary of State



2480 QUEBEC AVE S ST PETERSBURG FL 33712			2480 QUEBEC AVE S ST PETERSBURG FL 33712-2631						
						3. Date Incorporated or Qualified 10/05/1995	3a. Date of Last R 04/09/199		
2. Principal Pl	lace of Business	2a. Mailing Ad	2a. Mailing Address			4. FEI Number	Ap	plied For	
21		26	26			59-3353434	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.			- 0 - 11 - 1 - 1 - 1	□ \$8.75 A	Additional	
22		27	27			5. Certificate of Status Desired	Fee Re	berlup	
City & State	9	City & Sta	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28	28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30					Florida Statutes Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
				81	Name				
	IS, BRENDA J		82 Street Add		dress (P.O. Box Number is Not Acceptab	le)			
	JEBEC AVE S								
ST PETE	RSBURG FL 33712			83					
				84	City	 	FL 85 Zip (Code	
44 Qurquent	to the provisions of Sections 617	0502 and 617 1509 EI	orido Ctatutos th	no above	a pamod o	progration submits this statement for the o	1	c registered	
11. 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									
OIGHATORE .	Signature, typed or printed name of registere	d agent and title if applicable	(NOTE Reg	istered Age	ent signature re	quired when reinstating)	DATE		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	DP	Ц	DELETE	1.1 1ffLE			Change	☐ Addition	
NAME	Simmons, ted e			1.2 NAME					
STREET ADDRESS	2480 QUEBEC AVE S			1.3 STREET	ADDRESS			Į.	
CITY-ST-ZIP	ST PETERSBURG FL 3371			1.4 CITY - S	IT-ZIP				
TITLE	DV	L	DELETE	21 TITLE			Change	Addition	
NAME	SIMMONS, BRENDA J			2.2 NAME					
STREET ADDRESS	2480 QUEBEC AVE S			23 STREET	ADDRESS			-	
CITY-ST-ZIP	ST PETERSBURG FL 3371			2.4 CITY-5	ST - ZIP				
TITLE	DST		DELETE	3.1 THLE			Change	☐ Addition	
NAME	Brinson, Vire			3.2 NAME					
STREET ADDRESS	980 13TH AVE S			3.3 STREET	ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL			3.4. CITY - S	ST-ZIP		F***	[-]	
TITLE				4.1 TITLE			☐ Change	Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET					
CITY-ST-ZIP				4.4 CITY-S	ST - ZIP		-	T-1	
TITLE		ليا		5.1 TITLE			L Change	Addition	
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET					
CITY-ST-ZIP				5.4 CITY-S	31 - ZIP		7.0	1.00	
TITLE		ليا		6.1 TITLE			Change	Addition	
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET					
CITY-ST-ZIP	,		<u> </u>	6.4 CITY - S	iT-ZIP				

14. I do 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.