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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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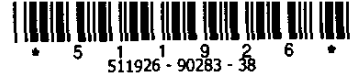
DOCUMENT # N95000004785

1. Corporation Name

TED SIMMONS' WORLD OUTREACH FIELD MINISTRIES, IN C.

Principal Place of Business
2480 QUEBEC AVE S
ST PETERSBURG FL 33712

Mailing Address
2480 QUEBEC AVE S
ST PETERSBURG FL 33712



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	10/05/1995
22 City & State		27 City & State	4. FEI Number
23 Zip Country		28 Zip Country	59-3353434
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	SIMMONS, TED E	1.2 NAME	
STREET ADDRESS	2480 QUEBEC AVE S	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33712	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	SIMMONS, BRENDA J	2.2 NAME	
STREET ADDRESS	2480 QUEBEC AVE S	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33712	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	
NAME	BARKIN, CARRIE	3.2 NAME	
STREET ADDRESS	4750 1 AVE SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33707	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	ANDERSON, BESSIE	4.2 NAME	
STREET ADDRESS	1650 62ND AVE S	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33712	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

Ted Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 99

322-9754

Date

Daytime Phone #

CR2E037 (1/98)