

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90130 044 ****61.25

DOCUMENT # *N9600002341 OK*
1. Corporation Name
IN JESUS' NAME WORLD OUTREACH, INC.

Principal Place of Business Mailing Address
117 LOCK RD. #3 (SAME)
DEERFIELD BEACH, FL. 33442

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5-1-96
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0670073
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/>
	30	\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SCOTT R. AUSTIN
100 NE. THIRD AVE.
SUITE 1100
FT. LAUDERDALE, FL. 33301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT MISHANIE	1.2 NAME	
STREET ADDRESS	117 LOCK RD. #3	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK VIAPREE	2.2 NAME	
STREET ADDRESS	9798 MAJORCA PL.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL. 33434	2.4 CITY-ST-ZIP	
TITLE	DAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAD A. NELSON	3.2 NAME	
STREET ADDRESS	9220 N.W. 1ST ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33024	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSHUA PRASAD	4.2 NAME	
STREET ADDRESS	1405 N.W. 91ST AVE. #1431	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33071	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Robert Mishanie* ROBERT MISHANIE 4-14-99 (954)-570-6651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)