

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90024 046 \*\*\*\*61.25

**DOCUMENT # N96000002341**

1. Entity Name

**IN JESUS' NAME WORLD OUTREACH, INC.**

Principal Place of Business

117 LOCK RD #3  
 DEERFIELD BEACH FL 33442

Mailing Address

PO BOX 4162  
 DEERFIELD BEACH FL 33442

2. Principal Place of Business

**281 VENTNOR**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**DEERFIELD BEACH FL.**

City & State

Zip

Country

**33442**

**USA**

Zip

Country

4. FEI Number

**65-0670073**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

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**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
 NAME **MISHANIE, ROBERT**  
 STREET ADDRESS **117 LOCK RD #3**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **DS** ☒ Delete  
 NAME **PRASAD, JOSHUA**  
 STREET ADDRESS **1405 NW 91ST AVE, #1431**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **DT** ☐ Delete  
 NAME **VIAPREE, PATRICK**  
 STREET ADDRESS **9798 MAJORCA PL**  
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **DAS** ☐ Delete  
 NAME **NELSON, BRAD A**  
 STREET ADDRESS **9220 NW 1ST ST**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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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 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:

**Robert Mishanie**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-14-01**

**954-418-6657**

CR2E037 (10/00)