

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90279 008 \*\*\*\*61.25

**DOCUMENT # N96000002341**

1. Entity Name

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

Principal Place of Business

Mailing Address

**281 VENTNOR  
 DEERFIELD BEACH FL 33442**

**PO BOX 4162  
 DEERFIELD BEACH FL 33442**

2. Principal Place of Business

**281 VENTNOR S**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**DEERFIELD BEACH, FL**

City & State

Zip

Country

**33442**

**U.S.A.**

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **DP** ☒ Change ☐ Addition  
 NAME **MISHANIE, ROBERT**  
 STREET ADDRESS **281 VENTNOR S**  
 CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

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

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☒ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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** **RE: Robert Mishanie** **4-21-02 (954) 486-657**

CR2E037 (9/01)