2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002341

FILED Apr 24, 2006 Secretary of State

Entity Name: IN JESUS' NAME WORLD OUTREACH, INC.

Current Principal Place of Business: New Principal Place of Business:

9886 MARINA BLVD. 21915 LAKE FOREST CIRCLE

611 # 204

BOCA RATON, FL 33428 BOCA RATON, FL 33433

Current Mailing Address: New Mailing Address:

PO BOX 4162

DEERFIELD BEACH, FL 33442

FEI Number: 65-0670073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AUSTIN, SCOTT R

100 NE THIRD AVE
SUITE 1100
FT LAUDERDALE, FL 33301 US

MISHANIE, ROBERT M
21915 LAKE FOREST CIRCLE
204
BOCA RATON, FL 33433 US

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: ROBERT MISHANIE 04/24/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DP () Delete Title: DP (X) Change () Addition

 Name:
 MISHANIE, ROBERT
 Name:
 MISHANIE, ROBERT

 Address:
 9886 MARINA BLVD.#611
 Address:
 21915 LAKE FOREST CIRCLE

 City-St-Zip:
 BOCA RATON, FL 33423
 City-St-Zip:
 BOCA RATON, FL 33433

Title: DT () Delete Title: () Change () Addition

 Name:
 BROWN, RAINFORD C
 Name:

 Address:
 2181 NW 84TH WAY
 Address:

 City-St-Zip:
 SUNRISE, FL 33322
 City-St-Zip:

Title: DS () Delete Title: DS (X) Change () Addition

Name: MISHANIE, SILVIA Name: MISHANIE, SILVIA

 Address:
 9886 MARINA BLVD. # 611
 Address:
 21915 LAKE FOREST CIRCLE

 City-St-Zip:
 BOCA RATON, FL 33428
 City-St-Zip:
 BOCA RATON, FL 33433

Title: D () Delete Title: () Change () Addition

 Name:
 DALRYMPLE, ESAU
 Name:

 Address:
 8980 JOHNSON ST.
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33024
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MISHANIE PD 04/24/2006