## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 04, 2007 8:00 am Secretary of State **DOCUMENT # N96000003202** 1. Entity Name 04-04-2007 90180 047 \*\*\*\*61.25 WORLD OUTREACH MINISTRIES, INC. Principal Place of Business Mailing Address 125 WOODBINE TRAIL 125 WOODBINE TRAIL EASLEY, SC 29640 US EASLEY, SC 29640 2. Principal Place of Business - No P.O. Box # 813 Merita St 3. Mailing Address PO BOY Suite, Apt. #, etc Suite, Apt. #, etc. 04022007 Chq-NP CR2E037 (12/06) 4. FEI Number 59-3389630 City & State Çity & State Applied For NC yount <u>1ou</u>nt NC Not Applicable Country Country \$8.75 Additional 27030 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FAIRCLOTH, BENJAMIN 307 FORTUNA ROAD Street Address (P.O. Box Number is Not Acceptable) ARCADIA, FL 34266 City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11 PD TITLE Addition TITLE ☐ Delete 1415 Edgewood Drive FAIRCLOTH, BENJAMIN NAME NAME STREET ADDRESS 125 WOODBINE TRAIL STREET ADDRESS NC 27030 Mount Airu CITY-ST-ZIP EASLEY, SC 29640 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition FAIRCLOTH, EMMETT NAME NAME STREET ADDRESS 307 FORTUNA RD STREET ADDRESS CITY-ST-ZIP ARCADIA, FL 34266 CITY-ST-7IP ☐ Delete TITLE ☐ Addition TITLE 1415 Edgewood Drive FAIRCLOTH, JENNIFER NAME NAME 125 WOODBINE TRAIL STREET ADDRESS STREET ADDRESS Mount Airy NC 27030 CITY-ST-ZIP EASLEY, SC 29640 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

NAME

TITLE

NAME

☐ Delete

☐ Delete

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7/P

**FILED** 

☐ Change

Change

☐ Addition

Addition