


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90080 040 ****61.25

DOCUMENT # N97000002391

1. Entity Name
 WORD ALIVE MINISTRIES OUTREACH, INC.



Principal Place of Business
 11239 STATE ROAD 51
 LIVE OAK, FL 32060 US

Mailing Address
 182 SW BROADLEAF CT
 LAKE CITY, FL 32024

40072011



2. Principal Place of Business - No P.O. Box #
 182 SW Broadleaf CT
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04102007 Chg-NP CR2E037 (12/06)

City & State
 LAKE CITY Florida

City & State

Zip
 32024

Country
 USA

Zip

Country

4. FEI Number
 59-3445651

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAIMAN, DALE
 182 SW BROADLEAF CT
 LAKE CITY, FL 32024

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dale Naiman* Dale NAIMAN 4/17/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NAIMAN, DALE	
STREET ADDRESS	182 SW BROADLOAF CT	
CITY-ST-ZIP	LAKE CITY, FL 32024	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAIMAN, CONNIE	
STREET ADDRESS	182 SW BROADLOAF CT	
CITY-ST-ZIP	LAKE CITY, FL 32024	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEMING, KATHLYN	
STREET ADDRESS	1234 IRONWOOD	
CITY-ST-ZIP	BROKEN ARROW, OK 74013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Dale Naiman* Dale NAIMAN 4/17/07 986-757-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #