


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000002391

1. Entity Name
WORD ALIVE MINISTRIES OUTREACH, INC.



Principal Place of Business Mailing Address

182 SW BRADLEAF CT **182 SW BROADLEAF CT**
LAKE CITY, FL 32024 US **LAKE CITY, FL 32024**

DO NOT WRITE IN THIS SPACE



03022008 No Chg-NP CR2E037 (4/06)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3445651 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

NAIMAN, DALE
182 SW BROAD LEAF CT
LAKE CITY, FL 32024

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | D |
| NAME | NAIMAN, DALE |
| STREET ADDRESS | 182 SW BROADLOAF CT |
| CITY-ST-ZIP | LAKE CITY, FL 32024 |
| TITLE | D |
| NAME | NAIMAN, CONNIE |
| STREET ADDRESS | 182 SW BROADLOAF CT |
| CITY-ST-ZIP | LAKE CITY, FL 32024 |
| TITLE | D |
| NAME | FLEMING, KATHLYN |
| STREET ADDRESS | 1234 IRONWOOD |
| CITY-ST-ZIP | BROKEN ARROW, OK 74013 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

00000848218
 03/20/08-80008-017 61.25

DO NOT WRITE IN THIS SPACE

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: *Neil Naiman* 3/1/2008 386-757-7020

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