

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 25, 2009  
Secretary of State**

DOCUMENT# N97000002391

Entity Name: WORD ALIVE MINISTRIES OUTREACH, INC.

**Current Principal Place of Business:**

182 SW BRADLEAF CT  
LAKE CITY, FL 32024 US

**New Principal Place of Business:**

182 SW BROADLEAF CT  
LAKE CITY, FL 32024 US

**Current Mailing Address:**

182 SW BROADLEAF CT  
LAKE CITY, FL 32024

**New Mailing Address:**

182 SW BROADLEAF CT  
LAKE CITY, FL 32024 US

FEI Number: 59-3445651      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NAIMAN, DALE  
Address: 182 SW BROADLOAF CT  
City-St-Zip: LAKE CITY, FL 32024

Title: D ( ) Delete  
Name: NAIMAN, CONNIE  
Address: 182 SW BROADLOAF CT  
City-St-Zip: LAKE CITY, FL 32024

Title: D ( ) Delete  
Name: FLEMING, KATHLYN  
Address: 1234 IRONWOOD  
City-St-Zip: BROKEN ARROW, OK 74013

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DALE NAIMAN

PRES

04/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date