FILE NOW: FILING FEE IS \$61.25

·NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N97000003677 (8)

WE WALK BY FAITH OUTREACH. INC.

Principal Place of Business Mailing Address 3045 WILLARD ST. 3045 WILLARD ST. 3. Date Incorporated or Qualified FT. MYERS FL 33916 FT. MYERS FL 33916 06/25/1997 Applied For 4. FEI Number L Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution П Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 28 23 Yes No Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name Street Address (R.O. Box Number is Not Acceptable) MONROE, MILDRED 82 3045 WILLARD ST. 83 FT. MYERS FL 33916 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Bignature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE Sac Patrick Ave. NAME BELL DORIS V 1.2 NAME 1915 HALGRIM AVE. #101 STREET ADDRESS 1.3 STREET ADDRESS yers, FlA. 33916 FT. MYERS FL 33901 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE Addition MCCARTER, MARGIE 2.2 NAME 21 KINGSMAN CIR. STREET ADDRESS 2.3 STREET ADDRESS FT. MYERS FL 33905 2. 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE POWELL, ALBERTA NAME 3.2 NAME 2266 FOUNTAIN ST. 3.3 STREET ADDRESS STREET ADDRESS FT. MYERS FL 33916 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE Change WIELY, WALTER NAME 4.2 NAME 3020 ROYAL PALM AVE. 4.3 STREET ADDRESS STREET ADDRESS FT. MYERS FL 33901 CITY-ST-ZIP 4.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

DELETE

DELETE

BLACK, MARY

BAKER, SARAH

695 KENT AVE. N.

SAFETY HARBOR FL 34695

317 ECONOMY ST.

FT. MYERS FL 33918

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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Change

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Addition

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Feb 09 1998 8:00am

Secretary of State