

999-90131-040-\$61.25-\$61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N98000000611**

1. Corporation Name

**TRUE WAY OUTREACH MINISTRIES, INC.**

Principal Place of Business

3450 NW 6TH STREET  
FT. LAUDERDALE FL 33311

Mailing Address

3450 NW 6TH STREET  
FT. LAUDERDALE FL 33311



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		2b. Suite, Apt. #, etc.		02/02/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0807549	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**AKINS, HOWARD L SR.  
3450 NW 6TH STREET  
FT. LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	
84 State	FL
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TP	1.1 TITLE	ST
NAME	AKINS, HOWARD L SR	1.2 NAME	Sudy Orr
STREET ADDRESS	3450 NW 6TH STREET	1.3 STREET ADDRESS	1841 SW. 43 Ave
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33317
TITLE	ST	2.1 TITLE	Adrian Alford
NAME	MCFADDEN, MARGARET	2.2 NAME	1801 Gardenia Rd
STREET ADDRESS	2020 NW 1ST AVE.	2.3 STREET ADDRESS	Ft. Lauderdale, FL 33317
CITY-ST-ZIP	POMPANO BEACH FL 33060	2.4 CITY-ST-ZIP	
TITLE	TT	3.1 TITLE	
NAME	AKINS, MARION	3.2 NAME	
STREET ADDRESS	3450 NW 6TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	3.4 CITY-ST-ZIP	
TITLE	TM	4.1 TITLE	
NAME	ANDERSON, SALLY	4.2 NAME	
STREET ADDRESS	1878 NW 62 AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL, FL 33313	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 supplemental 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED** *Howard L. Akins* *5-99*

*583-1071*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0036017

CR2E037 (11/98)