

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90100 012 ****70.00

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N98000001288

1. Corporation Name
THE UNIVISION OUTREACH MINISTRIES, INCORPORATED

Principal Place of Business
 2682 CLEARBROOK CIR
 ORLANDO FL 32810

Mailing Address
 2682 CLEARBROOK CIR
 ORLANDO FL 32810



* 4 5 8 3 4 9 *
 458349 - 90100 - 12

2. Principal Place of Business 21 SAME AS ABOVE		2a. Mailing Address 26 SAME AS ABOVE		3. Date incorporated or Qualified 03/04/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number EIN 59-350580	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Zip 29		Country 30	

9. Name and Address of Current Registered Agent MCMILLON-HORNE, BARBARA 2682 CLEARBROOK CIR ORLANDO FL 32810				10. Name and Address of New Registered Agent			
81 Name				NO CHANGE			
82 Street Address (P.O. Box Number is Not Acceptable)							
83							
84 City				85 Zip Code		FL	

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PASTOR/PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHARLES E HORNE		1.2 NAME		
STREET ADDRESS	2682 CLEARBROOK Circle		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32810		1.4 CITY-ST-ZIP		
TITLE	DEACON/VICE PRESIDENT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LENTON E BURKS		2.2 NAME		
STREET ADDRESS	5008 BAIBOA Drive		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32810		2.4 CITY-ST-ZIP		
TITLE	DEACON/DIRECTOR	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Dexter SAVAGE		3.2 NAME		
STREET ADDRESS	502 PEACHTREE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE, SPR, FL 32701		3.4 CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSIE M. HORNE		4.2 NAME		
STREET ADDRESS	502 PEACHTREE LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPR, FL 32701		4.4 CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARBARA M. HORNE		5.2 NAME		
STREET ADDRESS	2682 CLEARBROOK Circle		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32810		5.4 CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Phildor LAPointe		6.2 NAME		
STREET ADDRESS	2796 ELMHURST circle		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32810		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: **Charles E. Horne** **SIGNATURE REQUIRED** **APR 26, 1999** **407-21-9918**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)