

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Aug 03, 1999 8:00 am  
Secretary of State

08-03-1999 90006 017 \*\*\*\*61.25

DOCUMENT # N98000002112

1. Corporation Name

FAITH FELLOWSHIP WORLD OUTREACH MINISTRIES, INC.

Principal Place of Business

14601 HIGHLAND HARBOUR COURT  
FT. MYERS FL 33908

Mailing Address

14601 HIGHLAND HARBOUR COURT  
FT. MYERS FL 33908



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 5746 Marlin Road

Suite, Apt. #, etc.

27 Suite 500

City & State

28 Chattanooga, TN

Zip

29 37411-4061 30 USA

3. Date Incorporated or Qualified

04/10/1998

4. FEI Number

65-0827752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

DEMOLA, DAVID T REV.  
14601 HIGHLAND HARBOUR COURT  
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DEMOLA, DAVID T REV.  
STREET ADDRESS 14601 HIGHLAND HARBOUR COURT  
CITY-ST-ZIP FT. MYERS FL 33908

TITLE D ☐ DELETE

NAME NATALE, LEO S  
STREET ADDRESS 11469 OSPREY LANDING WAY  
CITY-ST-ZIP FT. MYERS FL 33908

TITLE D ☐ DELETE

NAME DEMOLA, DIANE  
STREET ADDRESS 14601 HIGHLAND HARBOUR COURT  
CITY-ST-ZIP FT. MYERS FL 33908

TITLE D ☒ DELETE

NAME CHITWOOD, H. MICHAEL  
STREET ADDRESS 6814 STANDIFER GAP ROAD  
CITY-ST-ZIP CHATTANOOGA TN 37412

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: *David T Demola* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/99

Date

Daytime Phone #

CR2E037 (5/99)