

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000002112

1. Entity Name
FAITH FELLOWSHIP WORLD OUTREACH MINISTRIES,
INC.



Principal Place of Business
6111 SOUTH POINTE BLVD.
FT. MYERS, FL 33919

Mailing Address
5746 MARLIN RD
SUITE 500
CHATTANOOGA, TN 37411-4061 US



01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0827752

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEMOLA, DAVID T REV.
11421 LONGWATER CHASE COURT
FT. MYERS, FL 33908

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEMOLA, DAVID T REV.
11421 LONGWATER CHASE COURT
FT. MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NATALE, LEO S
11431 LONGWATER CHASE COURT
FT. MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEMOLA, DIANE
11421 LONGWATER CHASE COURT
FT. MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Diane B. Demola

1/4/05