

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90105 047 ****61.25

DOCUMENT # N98000003857

1. Corporation Name

ERICKSON WORLD OUTREACH, INC.

Principal Place of Business

12940 FRINGETREE DR W
JACKSONVILLE FL 32246

Mailing Address

12940 FRINGETREE DR W
JACKSONVILLE FL 32246



2. Principal Place of Business

21 12940 Fringetree Dr. W.
Suite, Apt. #, etc.

22 Jacksonville FL
City & State

23
Zip Country

24 32246 25 U.S.A.

2a. Mailing Address

26 Erickson World Outreach Inc
Suite, Apt. #, etc.

27 12940 Fringetree Dr W
City & State

28 Jax, FL
Zip Country

29 32246 30 U.S.A.

3. Date Incorporated or Qualified

06/30/1998

4. FEI Number

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

ERICKSON, DUANE A
12940 FRINGETREE DR W
JACKSONVILLE FL 32246

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 NAME STREET ADDRESS CITY-ST-ZIP

President Duane Erickson 12940 Fringetree Dr W Jax, FL, 32246

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Secretary, Treasurer Melonie Erickson 12940 Fringetree Dr. W Jax, FL, 32246

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Trustee Polly Zupcic P.O. Box 1210 Levittown, PA, 19058

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Trustee Angel Curtis 1700 S. Aspen Broken Arrow, OK, 74012

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Trustee Nick Simonik 8280 -8 Princeton Sq Blvd Jax, FL, 32256

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29/99

904-223-9661

CR2E037 (11/98)