DOCUMENT # N99000003164

1. Entity Name

THE WAY OF HOLINESS OUTREACH MINISTRIES, INC.

6. Name and Address of Current Registered Agent

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

Principal Place of Business

Mailing Address

13580 N.W. 4TH PLACE NORTH MIAMI FL 33168

City & State

Zip

SIGNATURE

13580 N.W. 4TH PLACE NORTH MIAMI FL 33168-4043

2. Principal Place of Business Suite, Apt. #, etc.

THOMPSON, LYDIA 1230 N.W. 9TH AVENUE MIAM! FL 33136

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country Country May 03, 2000 8:00 am Secretary of State

03-03-2000 90229 014 ****61.25



DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number Not Applicable EI N 65-0 \$8.75 Additional 5. Certificate of Status Desired Fee Required

7. Name and Address of New Registered Agent

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

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.

FILE NOW:

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

Zio Code

FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. P.D. President, Director (66/6) Addition TITLE ☐ Change TITLE ☐ Delete Geraldine B. Whittaker 13580 N. W. 4 B. Pl. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. Miamy Fl. 83/68 V-Vice-President, Trustee Change Addition ☐ Delete TITLE TITLE NAME Trene B. Wimbush NAME STREET ADDRESS 2314 Copital Circle N.B. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tallohassee, Fl. 32308 Delete THILE Treasurer Change X Addition THILE TOLYN Gibson 15 N.S. 205 Terr arolyn NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP Nami, Fl. 33/7 CITY-ST-ZIP secretary S Addition TITLE ☐ Delete TITLE NAME rah 'K. Jones 'Longstreet Dr. NAME eborah K STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tallahassee, Fl. 323// ☐ Change Addition 🔀 TITLE 7 ☐ Delete TITLE Stringer, Tracy 10600 N.W. 7 P. Ave. NAME NAME STREET ADDRESS STREET ADDRESS Miam, Fl. 33150 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TIME 7 Truster TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

City

(NOTE: Registered Agent signature required when reinstating)

12. I hereby certify that the information supplied with this filling 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:

Geraldine B. Whittaker 2/34