

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003164

FILED
Jan 09, 2007
Secretary of State

Entity Name: THE WAY OF HOLINESS OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

10600 NW 7TH AVENUE
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0934059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, LYDIA
1230 N.W. 9TH AVENUE
MIAMI, FL 33136 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHITTAKER, GERALDINE B
Address: 13580 NW 4TH PL.
City-St-Zip: MIAMI, FL 33168

Title: VPD () Delete
Name: WIMBUSH, IRENE
Address: 2314 CAPITAL CIRCLE N.E.
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD () Delete
Name: WHITTAKER, NANCY G
Address: 3015 NW 8TH AVENUE APT.6
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WHITTAKER, GERALDINE B MRS.
Address: 13580 NW 4TH PL.
City-St-Zip: MIAMI, FL 33168

Title: VPD (X) Change () Addition
Name: WIMBUSH, IRENE MS.
Address: 2314 CAPITAL CIRCLE N.E.
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD (X) Change () Addition
Name: WHITTAKER, NANCY G MS
Address: 2809 S. OAKLAND FOREST DR. #103
City-St-Zip: OAKLAND PARK, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY G. WHITTAKER

MS.

01/09/2007

Electronic Signature of Signing Officer or Director

_____ Date