

2000 UNIFORM BUSINESS REPORT (UBR)

3/21

FILED

May 15, 2000 8:00 am
Secretary of State

03-21-2000 90010 047 ****61.25

DOCUMENT # N99000003421

1. Entity Name

WORLD MISSIONS OUTREACH, INC.

Principal Place of Business

Mailing Address

10 MEADOWLAKE CIRCLE SOUTH
LAKE PLACID FL 33852

10 MEADOWLAKE CIRCLE SOUTH
LAKE PLACID FL 33852-7077

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3637233

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAPP, ARLAN D
10 MEADOWLAKE CIRCLE SOUTH
LAKE PLACID FL 33852

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	SAPP, ARLAN D	10 MEADOWLAKE CIRCLE SOUTH	LAKE PLACID FL 33852	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SAPP, MARY C	10 MEADOWLAKE CIRCLE SOUTH	LAKE PLACID FL 33852	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	LAGROW, KENNETH	5051 STAFFORD OAKS DRIVE	SEBRING FL 33872	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	LAGROW, RHONDA	5051 STAFFORD OAKS DRIVE	LAKE PLACID FL 33852	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 OF OFFICER OR DIRECTOR: MARY SAPP

3-14-00

863-465-2881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)