## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 23, 2001 8:00 am Secretary of State DOCUMENT # N9900003421 1. Entity Name WORLD MISSIONS OUTREACH, INC. 04-23-2001 90028 036 \*\*\*\*61.25 Mailing Address ... Principal Place of Business 10 MEADOWLAKE CIRCLE SOUTH 10 MEADOWLAKE CIRCLE SOUTH LAKE PLACID FL 33852 LAKE PLACID FL 33852 3. Mailing Address 2. Principal Place of Business DOG LEG DOG DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3637233 Not Applicable FBRING SEBRING Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6,-Name and Address of Current Registered Agent: Street Address (P.O. Box Number is Not Acceptable) SAPP, ARLAN D 10 MEADOWLAKE CIRCLE SOUTH Dr. VoG LEG LAKE PLACID FL 33852 Zip Code **3387**2 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition ☐ Delete TITLE TITLE BOGUS, PAUL 209 N. MAIN STREET SAPP, ARLAN D NAME NAME STREET ADDRESS 10 MEADOWLAKE CIRCLE SOUTH STREET ADDRESS Lake Placid FL 33852 CITY-ST-ZIP CITY-ST-7IP LAKE PLACID FL 33852 Addition ☐ Change ☐ Delete D TITLE TITLE BOGUS, HELEN NAME SAPP, MARY C NAME 209 N. MAIN STREET STREET ADDRESS STREET ADDRESS 10 MEADOWLAKE CIRLCE SOUTH LAKE PLACID, FL 33852 CITY-ST-ZIP CITY-ST-ZIP LAKE PLACID L3 3852 Addition ☐ Change TITLE Delete TITI F REED, CHRISTY 300 BAY ST NAME LAGROW, KENNETH NAME STREET ADDRESS STREET ADDRESS 5051 STAFFORD OAKS DRIVE LORIDA、FL 33857 CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33872 Addition Change ☐ Delete TITLE TITLE MOODY ROBERT 2501 GRESHEM ST. NAME LAGROW, RHONDA NAME STREET ADDRESS STREET ADDRESS 5051 STAFFORD OAKS DRIVE 33872 CITY-ST-ZIP FL SEBRING CITY-ST-ZIP LAKE PLACID FL 33852 Addition ☐ Change TITLE ☐ Delete TITLE FULLER TIMMIE NAME 33 CLOVERLEAF BY-PASS NAME STREET ADDRESS STREET ADDRESS LAKE PLACID FL 33852

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 attachmen

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Delete

STOCK, SUSAN L

6 VICTORY WAY

AKE PLACID FL

Addition

☐ Change