2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# N99000003421

Entity Name: WORLD MISSIONS OUTREACH, INC.

Current Principal Place of Business:

2411 DOG LEG DR
SEBRING, FL 33872

New Principal Place of Business:

Current Mailing Address:

2411 DOG LEG DR
SEBRING, FL 33872

New Mailing Address:

FEI Number: 59-3637233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAPP, ARLAN D
2411 DOG LEG DR
SEBRING, FL 33872 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:	D	( ) Delete
Name:	SAPP, ARLAN D	
Address:	2411 DOG LEG DR	
City-St-Zip:	SEBRING, FL 33872	
Title:	D	( ) Delete
Name:	SAPP, MARY C	
Address:	2411 DOG LEG DR	
City-St-Zip:	SEBRING, FL 33872	
Title:	D	( ) Delete
Name:	LAGROW, KENNETH	
Address:	3012 CREEKSIDE CT	
City-St-Zip:	SEBRING, FL 33875	
Title:	D	( ) Delete
Name:	LAGROW, RHONDA	
Address:	3012 CREEKSIDE CT	
City-St-Zip:	SEBRING, FL 33875	
Title:	D	( ) Delete
Name:	BOGUS, PAUL	
Address:	209 N MAIN STREET	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	D	( ) Delete
Name:	BOGUS, HELEN	
Address:	209 N MAIN STREET	
City-St-Zip:	LAKE PLACID, FL 33852	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: ARLAN D. SAPP D 04/26/2007

Electronic Signature of Signing Officer or Director — Date