

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000003421

FILED
Mar 20, 2003
Secretary of State

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

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: 5051 STAFFORD OAKS DRIVE
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: LAGROW, RHONDA
Address: 5051 STAFFORD OAKS DRIVE
City-St-Zip: SEBRING, FL 33872

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 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 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

03/20/2003

Electronic Signature of Signing Officer or Director

Date