2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 29, 2007 8:00 am DOCUMENT # N99000007574 **Secretary of State** 1. Entity Name 03-29-2007 90034 017 ****70.00 GOSPEL FELLOWSHIP OUTREACH WORSHIP CENTER. WORLDWIDE MINISTRIES, INC. Principal Place of Business Mailing Address 13515 SW 1ST LANE P.O. BOX 5544 **OCALA FL 34482** OCALA FL 34478(5548) hang a soupt BITCLE NO Same 2. Principal Place of Business - No.P.O. Box # Mailing Address 13515 Swist , O. BOKSS44 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For Florida 3 Cerla Florida 59-3614631 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 34482 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Same 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature reduced when reinstaling) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. **PSD** TOTE ☐ Delete Change ☐ Addition NAM ASKEW, JEFFREY NAME STREET ADDRESS STREET LADDRESS 1838 SOUTHEAST 8TH AVENUE CITY-ST-ZIP OCALA FL 34471 CITY ST- AP TOTE HH VTD ☐ Delete Change Addition NAM! ASKEW, LAVERNE NAME STREET ADDRESS 1838 SOUTHEAST 8TH AVENUE STREET ADDRESS CHY-ST-ZIP OCALA FL 34471 CHY ST 7IP HH Ď ☐ Delete HIII Change ■ Addition NAM ASKEW, ALEXANDRIA NAM STREET ADDRESS STRIFT ADDRESS 1838 S.E. 8TH AVE. CHY ST-7IP CHY ST 7P OCALA FL 34471 DILE mu ☐ Delete ☐ Change ☐ Addition NAMI STREET ADDRESS STREET ADDRESS CITY ST-7IP CHY ST ZIP TITLE ☐ Delete шп Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY SEZIP CITY-ST-ZIP THILE ☐ Delete mae Change ☐ Addition NAMI NAME STRLET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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 attackment with an address, with all other like empowered.

LAVERNE ASKEW

SIGNATURE () Weine

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3-17-2007 Cell: 352 843-8858