

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000001931

**FILED**  
**Apr 06, 2017**  
**Secretary of State**  
**CC5884053188**

**Entity Name:** HIS WORD OUTREACH MINISTRIES INC.

**Current Principal Place of Business:**

729 MOORE STREET  
BALDWIN, FL 32234

**Current Mailing Address:**

729 MOORE STREET  
BALDWIN, FL 32234

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SETZLER, MARY E  
729 MOORE STREET  
BALDWIN, FL 32210 US

*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:** PASTOR MARY SETZLER

04/06/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title S  
Name MELTON, KEYSA D  
Address 11011 HARTS RD 1101  
City-State-Zip: JACKSONVILLE FL 32218

Title T  
Name BAKER, PRINCESS L  
Address 5176 JOHNSON CREEK DRIVE  
City-State-Zip: JACKSONVILLE FL 32218

Title PASTOR  
Name SETZLER, MARY E  
Address 5176 JOHNSON CREEK DRIVE  
City-State-Zip: JACKSONVILLE FL 32218

Title SECRETARY  
Name TAYLOR, LETIONA M  
Address 11011 HARTS ROAD  
1101  
City-State-Zip: JACKSONVILLE FL 32218

Title ASST. TREASURER  
Name SMITH, JIMMIE  
Address 5176 JOHNSON CREEK DRIVE  
City-State-Zip: JACKSONVILLE32218 FL

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARY SETZLER

PASTOR

04/06/2017

Electronic Signature of Signing Officer/Director Detail

Date