FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

766973

(2)

FAITH OUTREACH CENTER, INC.

Principal Place of Business Mailing Address					0 1980:11 :18813 Atile Sitte (811) (8884 1	ess mimit Middle bines delbit i	MENTE MANGES TAND	
7607 SHELDON RD. 7607 SHELDON RD.								
TAMPA FL 3361 US	5	TAMPA FL 33615-1947 US				-		
03		US				3. Date Incorporated or Qualified 02/14/1983	3a. Date of Last 04/12/19	Report
						1 * *	04/12/19	3 96
_	lace of Business	2a. Mailing Address				4. FEI Number 59-2296034	A	Applied For
21 Cuito Ant	# ato	26				39-2230034		Vot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired Section Section 5. Section 5. Section 5. Section 5. Section 6. Sec		
City & State	e	City & State			· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing		
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Co	untry		8. This corporation has liability for in	·	··· ·· · · · · · · · · · · · · · · · ·
4 25		29 30			Florida Statutes Yes No			
	9. Name and Address of Current	i Registered Agent		<u> </u>		10. Name and Address of New Reg	pistered Agent	
				81	Name			
	S, GEORGE W., JR. STING PL CT		82 Street Ac		Street Add	dress (P.O. Box Number is Not Acceptable)		
75U5 NE TAMPA F		83						
				84	City		—. 85 Zip	Code
					_		FL `	
 11. Pursuant office or r 	to the provisions of Sections 617.0502 egistered agent, or both, in the State (? and 617.1508, Florida Ste of Florida. Such change w	atutes, the a as authorize	above ad by	e-named con the corpora	rporation submits this statement for the pi ation's board of directors. I hereby accep	urpose of changing t the appointment a	Its registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 617.0503,	Florida Sta	lules	S.			
SIGNATURE .	Signature, typod or printed name of registered ager	N and title if a onleading /	NOTE: Decision			uired when reinstating)		
12.	OFFICERS AND		13.	o võe	ut eitheine isch	ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECTO	DRS IN 12
TITLE	PD	☐ DELETE	1.1 TITL			7,0011,0110,011,1110,010 10 01110	Change	
NAME	WALTERS, GEORGE W., JR.		1.21	IAME				
STREET ADDRESS	7505 NESTING PL CT		1,3 5	TREET	ADDRESS			
CITY - ST - ZIP	TAMPA FL		1,4 (HTY-S	T-ZIP			
TITLE	VD			2.1 TITLE			☐ Change	☐ Addition
NAME	BEYER, HAROLD		2.2	IAME				
STREET ADDRESS	8421 W HILLSBOROUGH AVE		2.3 \$	TREET	ADDRESS			
CITY - S1 - ZIP	TAMPA FL		2.4	CITY-5	ST-ZIP			
TITLE	STD DELETE		3.17	3.1 TITLE			☐ Change	Addition
NAME	WALTERS, MICKEY L.		3.2 6	AME				
STREET ADDRESS	7505 NESTING PL CT		3.3 \$	TREET	ADDRESS			
CITY - S1 - ZIP	TAMPA FL		3.4.	CITY-S	ST-ZIP			
TITLE		DELETE	4.1 7	lTi.E			☐ Change	Addition
NAME			4.2	NAME				
STREET ADDRESS			4.3 \$	TREET	ADDRESS			
CITY - S1 - ZIP			4.4 (ITY-S	T-ZIP			
TITLE		DELETE	5.1 7			•	Change	Addition
NAME				IAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		FT 55		ITY-S	T-ZIP			
TITLE		DELETE	6.1 T				L Change	Addition
NAME				AME				
STREET ADDRESS			6.3 \$	TREET	ADDRESS			
CITY - 61 - 710			647	י עדוי	מוב ד			

14. I do 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 annual report or supplemental annual 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

SIGNATURE:

ONATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address

2/18/97

(SIE) 887-3354

FILED

Mar 03 1997 8:00am

Secretary of State