

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91093 013 ****61.25

DOCUMENT # 766973

1. Entity Name
FAITH OUTREACH CENTER, INC.



Principal Place of Business
**7607 SHELDON RD.
TAMPA FL 33615
US**

Mailing Address
**7607 SHELDON RD.
TAMPA FL 33615
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2296034**

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALTERS, GEORGE W., JR.
7505 NESTING PL CT
TAMPA FL 33615**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	WALTERS, GEORGE W., JR.	7505 NESTING PL CT	TAMPA FL				
VD	BENDER, WILLIAM	6102 GALLEON WAY	TAMPA FL 33615	VD	STONE, VIRGIN	RT 1 Box 412	FLAT Rock, AL 35966
SD	WALTERS, MICKEY L.	7505 NESTING PL CT	TAMPA FL 33615				
TD	JOHNSON, LEBRA K	6118 MEMORIAL HWY	TAMPA FL 33615	TD	EDWARD KUHN	4011 CATAWBA RIDGE	GA 30506

12. I 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 report or supplemental 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 appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mickey Walters MICKEY L. Walters 3/6/03 (813) 887-3354 61.25

CR2E037 (10/02)