

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

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

1/2

01-21-2003 90169 027 \*\*\*\*70.00

**DOCUMENT # N02000006008**  
1. Entity Name  
**MISSION EVANGELICAL OUTREACH MINISTRIES, INC.**



Principal Place of Business      Mailing Address  
**11088 SW 61 CIR**      **11088 SW 61 CIR**  
**OCALA FL 34476**      **OCALA FL 34476**

2. Principal Place of Business      3. Mailing Address  
**11088 SW 61 Cir**      **11088 SW 61 Cir**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Ocala**      **FL**  
Zip      Country      Zip      Country  
**34476**      **Marion**      **34476**      **Marion**

4. FEI Number      Applied For  
**58-1809678**      Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**DANIEL CURTIS L**  
**11088 SW 61 CIR**  
**OCALA FL 34476**

7. Name and Address of New Registered Agent  
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 **Curtis L Daniel**      DATE **1-17-03**  
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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DANIEL CURTIS L</b>	<b>P-T</b>
STREET ADDRESS	<b>11088 SW 61 CIR</b>	
CITY-ST-ZIP	<b>OCALA FL 34476</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DANIEL CASSANDRA T</b>	<b>S-T</b>
STREET ADDRESS	<b>11088 SW 61 CIR</b>	
CITY-ST-ZIP	<b>OCALA FL 34476</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, MONICA</b>	<b>T-T</b>
STREET ADDRESS	<b>315 ROY N RD</b>	
CITY-ST-ZIP	<b>CARROLLTON GA 30117</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 **CURTIS L DANIEL**      DATE **1-17-03**      DAYTIME PHONE # **352-8616054**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)