2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 03, 2001 8:00 am' Secretary of State DOCUMENT # N13991 RESTORATION OUTREACH MINISTRIES, INC. 05-03-2001 90030 016 ****61.25 Principal Place of Business Mailing Address 5910 S.W. ARCHER ROAD GAINESVILLE FL X2514-X20X · 32608 10418 SW 122nd Street Gainesville, FL 32608 3. Mailing Address 2. Principal Place of Business <u> 10418 SW 122nd Street</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2660578 Not Applicable Gainesville ^{Zip}32608 \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 32608 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Agent The Same Boykin <u>Dannie l</u> Street Address (P.O. Box Number is Not Acceptable) BOYKIN, DANNIE L. Address Change Only 10418 SW 122nd Street 5910 S.W. ARCHER RD. **GAINESVILLE FL 32608** Zìp Code City 32608 Gainesville 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. Agent Is the Same - Address Change Only SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be П Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. \overline{PD} Address Change ☐ Addition TITLE TITLE □ Delete NAME BOYKIN, DANNIE L. Boykin, Dannie L. NAME STREET ADDRESS STREET ADDRESS 5910 S.W. ARCHER RD. 10418 SW 122nd Street CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL** <u>Gainesville, FL 32608</u> Addres A Change Addition TITLE ☐ Delete TITLE HOWARD-BOYKIN, CYNTHIA NAME Howard-Boykin, Cynthia STREET ADDRESS STREET ADDRESS 5910 SW ARCHER RD 10418 SW 122nd Street CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32608 Gainesville, FL 32608 ☐ Addition Delete STD ~ 🖳 TITLE TITLE GARONE, RENEE D NAME NAME STREET ADDRESS 5910 S.W. ARCHER RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE NAME STREET 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 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