

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

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90143 023 ****61.25

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DOCUMENT # N13991

1. Entity Name

RESTORATION OUTREACH MINISTRIES, INC.



Principal Place of Business

**5910 S.W. ARCHER ROAD
GAINESVILLE FL 32608**

Mailing Address

**10418 SW 122ND STREET
GAINESVILLE FL 32608**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2660578**

2882436

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

**BOYKIN, DANNIE L.
10418 SW 122ND STREET
GAINESVILLE FL 32608**

Name

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

City

FL

Zip Code

I, 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	PD BOYKIN, DANNIE L. 10418 SW 122ND STREET GAINESVILLE FL 32608	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOWARD-BOYKIN, CYNTHIA 10418 SW 122ND STREET GAINESVILLE FL 32608	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARONE, RENEE D 13320 SW ARCHER ROAD ARCHER FL 32618	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARONE, RAYMOND 13320 SW ARCHER ROAD ARCHER FL 32618	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: *Cynthia Howard-Boykin* **CYNTHIA HOWARD-BOYKIN** **VP** **5/21/03** **(352) 371-9975**

CR2E037 (10/02)