

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

DOCUMENT # N16504

1. Entity Name

OUTREACH FOR CHRIST MINISTRIES INC.

07-12-2001 90001 050 ****61.25

Principal Place of Business

Mailing Address

1752-1 COUNTRY CLUB RD.
 LAKE CITY FL 32025
 US

1752-1 COUNTRY CLUB RD.
 LAKE CITY FL 32025
 US

110570023



2. Principal Place of Business

3. Mailing Address

1752-1 COUNTRY CLUB RD
 Suite, Apt. #, etc.

1752-1 COUNTRY CLUB RD
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE CITY FLA.

City & State

LAKE CITY - FLA.

4. FEI Number

59-2870342

Applied For

Not Applicable

Zip
 32025.

Country
 US.

Zip
 32025.

Country
 US.

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CHURCH, FRANK T
 941 WALDRON ST
 LAKE CITY FL 32025

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.

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
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHURCH, FRANK 941 WALDRON ST LAKE CITY FL 32025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SMITH, GARY 1310 S.E. MAPLE ST. HIGH SPRINGS FL 32643	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KILIGIAN, MARK V RT. 1 BOX 421 LAKE BUTLER FL 32054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WRIGHT, ART P.O. BOX 1005 HIGH SPRINGS FL 32655	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KILIGIAN, JANET RT. 1 BOX 427 LAKE BUTLER FL 32054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE OF MARK V KILIGIAN

7-7-01 904-496-4754

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CR2E037 (5/01)