

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90102 021 ****61.25

DOCUMENT # N16504

1. Entity Name

OUTREACH FOR CHRIST MINISTRIES INC.

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2870342

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHURCH, FRANK T
941 WALDRON ST
LAKE CITY FL 32025

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P**
CHURCH, FRANK
 STREET ADDRESS **941 WALDRON ST**
 CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TR**
SMITH, GARY
 STREET ADDRESS **1310 S.E. MAPLE ST.**
 CITY-ST-ZIP **HIGH SPRINGS FL 32643**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
KILIGIAN, MARK V
 STREET ADDRESS **RT. 1 BOX 421**
 CITY-ST-ZIP **LAKE BUTLER FL 32054**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TR**
WRIGHT, ART
 STREET ADDRESS **P.O. BOX 1005**
 CITY-ST-ZIP **HIGH SPRINGS FL 32655**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
KILIGIAN, JANET
 STREET ADDRESS **RT. 1 BOX 427**
 CITY-ST-ZIP **LAKE BUTLER FL 32054**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Mark V. Kiligian* **MARK V. KILIGIAN** 2-14-02 386-496 4754
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)