04-23-2001 90244 016 ****70.00

DOCUMENT #	N27264	
>1. Entity Name		

LAMBDA OUTREACH, INC.

Principal Place of Business
119 S. PALMETTO AVE STE 101 DAYTONA FL 32114 US

Mailing Address

119 S. PALMETTO AVE STE 101 DAYTONA FL 32114

Principal Place of Business	3. Mailing Address	3. Mailing Address		
•				
Suite Ant # etc	Suite Ant # etc			

C0051505



					1			
Suite, Apt. #, etc. Suite, Apt. #, etc.).		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number	4. FEI Number Applie		Applied For	
					59-2897172		Γ	Not Applicable
Zip	Country	Zip	Co	untry	5. Certificate of			Additional quired
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered Agent			
MORGESE, DIXIE L 97 TREASURE LN ORMOND BEACH FL 32176			Name Mark Van Fleet Street Address (P.O. Box Number is Not Acceptable) 1571 Wyngate Drive ZS45 5. ATLANTIC AVENUE, #508					
			City De	Land DAYTON	A BEACHSH,FL	Zip 32	Code 2724 32118	
3. The above	e named entity submits this statement	for the purpose of changing	ng its register	ed office or registe	ered agent, or both, i	n the state of Florida.		
SIGNATURE	Mar Boan (MARK				CUTNE DIRECT	0R	4.10.200)
	Signature, typed or printed name of registered age	it and tide it applicable.	(NOTE: Hegistere	id Agent signature require	an Austrianistatiud)	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

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10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS	IN 10
TITLE	D	Delete	TITLE	SD	☐ Change	Addition
NAME	MILEY, HELEN	- •	NAME	CALDWELL, CHRIS (REV.)	ļ
STREET ADDRESS	635 TARRAGONA WAY		STREET ADDRESS	CENTRAL BAPTIST CHURC	H, 142 FAIRV	IEW AVE.
CITY-ST-ZIP	DAYTONA BCH FL		CITY-ST-ZIP	DAYTONA BEACH, FL 321	14	
TITLE	VD	☐ Delete	TITLE	PD	Change	Addition
NAME .	RIDER, LINDA		NAME	RIDER, LINDA		
STREET ADDRESS	1330 S. WOODLAND BLVD		STREET ADDRESS	1330 SWOODLAND BLVD		
CITY-\$T-ZIP	DEBARY FL 32721		CITY-ST-ZIP	DEBARY FL 32721		
TITLE	PD	☐ Delete	TITLE	D	Change	☐ Addition
NAME	MORGESE, DIXIE		NAME	MORGESE, DIXIE		
STREET ADDRESS	97 TREASURE LANE		STREET ADDRESS	97 TREASURE LANE		l
CITY-ST-ZIP	DAYTONA BEACH FL 32176		CITY-ST-ZIP	ORMOND BEACH FL 32176		
TITLE	TD	☐ Delete	TITLE	D	Change	Addition
NAME	VAN FLEET, MARK	ما ما ما محمد من سود	NAME	JOHNSON, TRACEY		}
STREET ADDRESS	1571-WYNGATE DR 2545 5.	ATLANTIC ME, 28	STREET ADDRESS	112 S. 5th STREET		
CITY-ST-ZIP	DELAND FL 32724 DAYTONA C	sch droised it szill	CITY-ST-ZIP	FLAGLER BEACH FL 3213	6	
TITLE	D	Delete	TITLE	D	☐ Change	Addition
NAME	BUREK, PAUL	•	NAME	LAVIGNA, PHYLLIS		
STREET ADDRESS	288 JEFFREY AVE		STREET ADDRESS	116 SNOW GOODE COURT		l
CITY-ST-ZIP	HOOLY HILL FL 32117		CITY-ST-ZIP	DAYTONA BEACH FL 32119	9	<u> </u>
TITLE		☐ Delete	TITLE	D	☐ Change	Addition
NAME			NAME	NANCE, DWIGHT		ļ
STREET ADDRESS			STREET ADDRESS	68 BURNING BUSH DR.		
CITY-ST-ZIP			CITY-ST-ZIP	PALM COAST FL 32135		

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

SIGNATURE:

CMARK VANDFLEET

904-255-5569 Daytime Phone #

Date

Hachment DOC#NANBLOY NOTI505 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N27264 1. Entity Name LAMBDA OUTREACH, INC. Principal Place of Business Mailing Address 119 S. PALMETTO AVE 119 S. PALMETTO AVE **STE 101 STE 101** DAYTONA FL 32114 DAYTONA FL 32114 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2897172 Not Applicable Country \$8.75 Additional Country Zıα 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Add as of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MORGESE, OLDE 97 TREASU ORMOND BEACH FL 321 Zip Code City 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, typed or printed name of registered agent and title if applicable [NOTE: Registered Agent signature required when reinstating] DATE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Change Addition TITLE ☐ Delete TITLE MILEY, HELEN NAME NAME SMALL, KENNETH STREET ADDRESS STREET ADDRESS 35 TARRAGONA WAY DAYTONA BEACH POLICE DEPT., 990 ORANGE AVE CITY-ST-7IP CITY-ST-ZIP **ETONA BCH FL** DAYTONA BEACH FL 32114 ☐ Change TITLE TITLE Delete THOMAS, BOBBIE NAME RIDER, MNDA NAME 1330 S. WOODLAND BLVD STREET ADDRESS STREET ADDRESS 413 MAIN TRAIL DEBARY FL 32121 CITY-ST-ZIP CITY-ST-7IP ORMOND BEACH FL 32174 Addition EX-OFFICIO ☐ Change TITLE TITLE ☐ Delete MORGESE, DIXIE NAME STEWART, EDWARD H. NAME STREET ADDRESS 2 WILLOW COURT STREET ADDRESS 97 TREASURE LANE CITY-ST-7IP CITY-ST-ZIP DAYTONA BEACH FL 32 ORMOND BEACH FL 32174 ■ Addition Change ☐ Delete TITI F VAN FLEET, MARK NAME STREET ADDRESS STREET ADDRESS 1571 WYNGATE OR CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32724 Addition ☐ Change TITLE Delete BUREK PAUL NAME NAME STREET ADDRESS STREET ADDRESS 288 EFFREY AVE CITY-ST-ZIP CITY-ST-ZIP OOLY HILL FL 32117 ☐ Addition ☐ Delete TITLE TITLE NAME 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 changed, or on an attachment with an address, with all other like empowered.

Daytime Prishe #

Date

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR