

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000318

1. Entity Name

NEW DISCIPLES' OUTREACH MINISTRY, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90057 013 ****61.25

Principal Place of Business

Mailing Address

500 GULFSTREAM BLVD
STE 101A
DELRAY BEACH FL 33444
US

P.O. BOX 638
DELRAY BEACH FL 33447-0638

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0551253

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BROWN, TOMMY L
8123 MYSTIC HARBOR CIRCLE
BOYNTON BEACH FL 33436

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 PD ☐ Delete
NAME BROWN, TOMMY L
STREET ADDRESS 8123 MYSTIC HARBOR CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE TREASURE ☐ Change ☒ Addition
NAME Bridgette McClendon
STREET ADDRESS 837# Bermuda Sound Way
CITY-ST-ZIP Boynton Beach, FL 33436

TITLE SD ☐ Delete
NAME BROWN, DARLENE A
STREET ADDRESS 8123 MYSTIC HARBOR CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33436

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

TITLE D ☐ Delete
NAME BUTLER, RICHARD W
STREET ADDRESS 2988 DORSON WAY
CITY-ST-ZIP DELRAY BEACH FL 33445

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

TITLE D ☐ Delete
NAME DOBARD, PAULA L
STREET ADDRESS 935 SW 14TH AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33444

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

TITLE D ☐ Delete
NAME DAVIS, PATRICIA
STREET ADDRESS 301 SW 8TH COURT
CITY-ST-ZIP DELRAY BEACH FL 33444

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

TITLE O ☐ Delete
NAME MCCRAY, NATHAN
STREET ADDRESS 5385 CEDAR LAKE RD -#1516
CITY-ST-ZIP BOYNTON BCH FL 33437

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: *Darlene A. Brown* 3/19/00 (561) 638-7910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)