2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State DOCUMENT # N9500000318 1. Entity Name 05-15-2001 90194 034 ****61 25 NEW DISCIPLES' OUTREACH MINISTRY, INC. Principal Place of Business Mailing Address 500 GULFSTREAM BLVD P.O. BOX 638 C0066667 DELRAY BEACH FL 33447-0638 STE 101A DELRAY BEACH FL 33444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0551253 Not Applicable Zip Zin Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BROWN, TOMMY L 8123 MYSTIC HARBOR CIRCLE **BOYNTON BEACH FL 33436** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$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. 11. PD ☐ Change ☐ Addition ☐ Delete TITLE TIT! F BROWN, TOMMY L NAME NAME STREET ADDRESS 8123 MYSTIC HARBOR CIRCLE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOYNTON BEACH FL 33436** ☐ Addition ☐ Change ☐ Delete TITLE TITLE BROWN, DARLENE A NAME NAME STREET ADDRESS STREET ADDRESS 8123 MYSTIC HARBOR CIRCLE CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** ☐ Change ☐ Addition **X** Delete TITLE TITLE BUTLER, RICHARD W NAME NAME STREET ADDRESS STREET ADDRESS 2988 DORSON WAY CITY-ST-7IP CITY-ST-ZIP **DELRAY BEACH FL 33445** M Change ☐ Addition ☐ Delete TITLE TITLE DOBARD, PAULA L. DOBARD, PAULA L NAME NAME 713 S.W. 2nd Street, Apt. B STREET ADDRESS 935 SW 14TH AVENUE STREET ADDRESS DelRAY BEACH, FIORILA 33444 CITY-ST-ZIP **DELRAY BEACH FL 33444** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE DAVIS, PATRICIA NAME STREET ADDRESS STREET ADDRESS 301 SW 8TH COURT CITY-ST-ZIP CITY-ST-7IP **DELRAY BEACH FL 33444** 0 ☐ Change ☐ Addition TITLE ☐ Delete TITLE MCCRAY, NATHAN NAME NAME STREET ADDRESS 5385 CEDAR LAKE RD -#1516 STREET ADDRESS

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 suppliemental 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.

CITY-ST-ZIP

SIGNATURE:

BOYNTON BCH FL 33437

CITY-ST-ZIP

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