

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000733

1. Entity Name

OUTREACH WORSHIP CENTER, INCORPORATED

Principal Place of Business

101 BRIDGET LANE
AUBURNDAL FL 33823

Mailing Address

P.O. BOX 1312
AUBURNDAL FL 33823

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3293317

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

FYOCK, DEBORAH S
101 BRIDGET LANE
AUBURNDAL FL 33823

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 P
NAME FYOCK, SAMUEL R III
STREET ADDRESS 101 BRIDGET LANE
CITY-ST-ZIP AUBURNDAL FL 33823 ☐ Delete

TITLE D
NAME FYOCK, DEBORAH S
STREET ADDRESS 101 BRIDGET LANE
CITY-ST-ZIP AUBURNDAL FL 33823 ☐ Delete

TITLE D
NAME WHITENER, A PATSY
STREET ADDRESS 390 W DAVIS AVE
CITY-ST-ZIP LAKE ALFRED FL 33850 ☐ Delete

TITLE D
NAME OPPENHEIMER, RICHARD K
STREET ADDRESS 611 BERKLEY POINTE PLACE
CITY-ST-ZIP AUBURNDAL FL 33823 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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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: Samuel R. Fyock III 7/19/01 (863) 956-2211

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90024 030 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)