

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005808
 1. Entity Name *crusade for life Outreach Ministry, Inc*
Amended:
Joshua Generation of Praise Ministry Inc.

FILED

01 MAR 27 PM 1:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4619 34th St West ← Bradenton, FL 34210
P.O. Box 9424 Bradenton, FL 34206-9424

2. Principal Place of Business 3. Mailing Address
4619 34th St West *P.O. Box 9424 - 34206-9424*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Zip Country City & State Zip Country 4. FEI Number Applied For Not Applicable
Bradenton, FL 34210 *Bradenton, FL 34206-9424* *650860952* **\$8.75 Additional Fee Required**
 5. Certificate of Status Desired ☐

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Delta M. Walker Name
4619 34th St West Street Address (P.O. Box Number is Not Acceptable)
Bradenton FL 34210 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<i>PRESIDENT / DIRECTOR</i>	<i>Delta M. Walker</i>	<i>4619 34th St West</i>				
		<i>Bradenton, FL</i>	<i>34210</i>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<i>Vice Pres. / Director</i>	<i>Davina L. Ross</i>	<i>4619 34th St West</i>				
		<i>Bradenton, FL</i>	<i>34210</i>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<i>Secretary / Director</i>	<i>Ghaunt L. Willard</i>	<i>816 25th St W. #4</i>				
		<i>Bradenton, FL</i>	<i>34205</i>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<i>Treasurer / Director</i>	<i>Janice Bayley</i>	<i>2815 Kingfish Drive South East</i>				
		<i>St. Petersburg, FL</i>	<i>33705</i>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	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: *Delta M. Walker* (941) 721-3792
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)