

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90042 037 \*\*\*\*61.25

**DOCUMENT # N98000002416**

1. Entity Name  
**CHRIST IS THE ROCK OUTREACH MINISTRY, INC.**

*R*

Principal Place of Business      Mailing Address  
**200 GRAY ROAD**      **P.O. BOX 991**  
**QUINCY FL 32353**      **QUINCY FL 32353**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **Not Applicable**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GREEN, WILLIE C**  
**512 SATSUMA AVENUE**  
**PANAMA CITY FL 32401**

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 \_\_\_\_\_ 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**  
**After September 13, 2000 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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GREEN, WILLIE C</b> <b>512 SATSUMA AVENUE</b> <b>QUINCY FL 32401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SMITH, REGINA</b> <b>RT 2 BOX 596</b> <b>HAVANA FL 32333</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GREEN, CHRISTINA</b> <b>RT 7 BOX 1659</b> <b>QUINCY FL 32351</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GATES, EUNICE</b> <b>2003 E. 9TH CT</b> <b>PANAMA CITY FL 32401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROOKS, FLOZELL</b> <b>714 E. 13TH ST</b> <b>PANAMA CITY FL 32401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Willie C Green*      7/9/2000      850-627-9089  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (5/00)

# 2000 UNIFORM BUSINESS REPORT (UBR)

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1. Entity Name

CHRIST IS THE ROCK OUTREACH MINISTRY, INC.

N98000002416  
308153

Principal Place of Business

Mailing Address

200 GRAY ROAD  
QUINCY FL 32353

P.O. BOX 991  
QUINCY FL 32353-0991

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Not Applicable  
APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

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GREEN, WILLIE C  
512 SATSUMA AVENUE  
PANAMA CITY FL 32401

Name

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City

FL

Zip Code

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TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, WILLIE C	NAME	
STREET ADDRESS	512 SATSUMA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32401	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, REGINA	NAME	
STREET ADDRESS	RT 2 BOX 596	STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL 32333	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, CHRISTINA	NAME	
STREET ADDRESS	RT-7 BOX-1659	STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATES, EUNICE	NAME	
STREET ADDRESS	2003 E. 9TH CT	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	CITY-ST-ZIP	
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NAME	BROOKS, FLOZELL	NAME	
STREET ADDRESS	714 E. 13TH ST	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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SIGNATURE:

*Willie C Green*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

850-856-4123

Daytime Phone #

CR2E037 (9/99)