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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 06, 1999 8:00 am Secretary of State 05-06-1999 90055 049 ****61.25

(954)

DOCUMENT # N98000006889

FIRST UN	NITED VICTORY OUTREAC	H MINISTRY IN	C.			5 500537 90	5 555 - 4 9		
Principal Place	of Business	Mailing Addres			. <u>.</u>				
336 NW 31ST AVE. FT. LAUDERDALE FL 33311		336 NW 31ST AVE. FT. LAUDERDALE FL 33311							
2. Principal Pla	ace of Business	2a. Mailing Add	dress			3. Date incorporated or Qualifed	i		
1		26		<u> </u>		12/02/1998 4. FEI Number		17/4-	olied For
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			65-08 77583		 _	Applicable
2 City & State		City & State	<u> </u>					\$8.75 A	
3	•	28	•			5. Certificate of Status Desired		Fee Re	
Zip	Country	Zip		Country		6. Election Campaign Financing		\$5.00	Мау Ве
4	25	29	i	30		Trust Fund Contribution		Added to	Fees
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New	Registered	Agent	.
				81	Name				
BURCH, STEPHANIE				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	TIN LUTHER KING BLVD., #F20	12		83	<u></u>				
RIVIERA BU	CH FL 33404			<u></u>					
				84	City		FL	85 Zip C	ode
_	·	ations of, Section 617	7.0503, F101	nda Statutes		poration submits this statement for the on's board of directors. I hereby acce			
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	r.0503, Floi	nica Statutes	·	ed when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. ND DIRECTORS	r.0503, Floi	Registered Ager	·	ed when reinstating)	DATE	ND DIRECTO	
SIGNATURE 12.	Signature, typed or printed name of registered ag	ent and title if applicable. ND DIRECTORS	(NOTE:	Registered Ager	·	ed when reinstating)	DATE		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. ND DIRECTORS	(NOTE:	Registered Ager 13. 1.1 TITLE 12 NAME	·	ed when reinstating)	DATE		
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