

4/19

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

04-19-2001 90082 036 ****61.25

DOCUMENT # N99000007486

1. Entity Name

LOVE FELLOWSHIP OUTREACH MINISTRIES, INC.

Principal Place of Business

Mailing Address

2813 BOTANY PLACE
TALLAHASSEE FL 323012013 WATSON WAY, APT. B
TALLAHASSEE FL 32308

2. Principal Place of Business

1401 Balboa DRIVE
Suite, Apt. #, etc.

3. Mailing Address

2813 Botany place
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Talla. Fl.

City & State

Talla. Fl.

4. FEI Number

59-3633015

Applied For

☒ Not ApplicableZip
32310Country
USAZip
32301Country
USA5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, DARFORD
2813 BOTANY PLACE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/01
DATE**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

TITLE	PT	<input type="checkbox"/> Delete
NAME	TAYLOR, DARFORD	
STREET ADDRESS	2813 BOTANY PLACE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VSTT	<input type="checkbox"/> Delete
NAME	TAYLOR, CYNTHIA	
STREET ADDRESS	2813 BOTANY PLACE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	T	<input type="checkbox"/> Delete
NAME	KENDRICK, ANTHONY J	
STREET ADDRESS	1371 NW 172ND ST.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adrienne T. TANKARD	
STREET ADDRESS	2013 Watson Way B.	
CITY-ST-ZIP	Talla. Fl. 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Adrienne T. Tankard* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *Adrienne T. Tankard* **DATE** *4/16/01* **Daytime Phone #** *850-878-6570*

CR2E037 (10/00)