### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GABRIELE SCOTT

Electronic Signature of Signing Officer/Director Detail

**Current Mailing Address:** 7607 SHELDON RD. TAMPA, FL 33615 US

## FEI Number: 59-2296034

DOCUMENT# 766973

7607 SHELDON RD. TAMPA, FL 33615

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

Entity Name: FAITH OUTREACH CENTER, INC.

**Current Principal Place of Business:** 

WALTERS, GEORGE W., JR. 7505 NESTING PL CT TAMPA, FL 33615 US

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:

# **Officer/Director Detail :**

Title	PD	Title	SD
Name	WALTERS, GEORGE W., JR.	Name	WALTERS, MICKEY L.
Address	7505 NESTING PL CT	Address	7505 NESTING PL CT
City-State-Zip:	TAMPA FL	City-State-Zip:	TAMPA FL 33615
Title	VD		
Name	STONE, VIRGIL		
Address	RT 1 BOX 413		
Citv-State-Zip:	FLAT ROCK AL 35966		

#### 01/15/2019 COMPTROLLER/ACCOUN T MANAGER

Date

# FILED Jan 15, 2019 Secretary of State 2482883362CC

Certificate of Status Desired: No

Date