

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000001824

Entity Name: OUTREACH MINISTRIES INCORPORATED INTERNATIONAL**Current Principal Place of Business:**13245 ATLANTIC BLVD SUITE 4-233
JACKSONVILLE, FL 32225**Current Mailing Address:**13245 ATLANTIC BLVD SUITE 4-233
JACKSONVILLE, FL 32225**FEI Number:** 27-3868926**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**USHER, RAFIELLE E
13245 ATLANTIC BLVD SUITE 4-233
JACKSONVILLE, FL 32225 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CP
Name	USHER, RAFIELLE
Address	13245 ATLANTIC BLVD SUITE 4-233
City-State-Zip:	JACKSONVILLE FL 32225

Title	S
Name	HAWKINS, MICHELLE
Address	13245 ATLANTIC BLVD SUITE 4-233
City-State-Zip:	JACKSONVILLE FL 32225

Title	DT
Name	DAVIS, SWANSON
Address	13245 ATLANTIC BLVD SUITE 4-233
City-State-Zip:	JACKSONVILLE FL 32225

Title	D
Name	BYNUM, YOLANDA
Address	13245 ATLANTIC BLVD SUITE 4-233
City-State-Zip:	JACKSONVILLE FL 32225

Title	INTERNATIONAL VICE PRESIDENT
Name	DODD, ANTHONY
Address	13245 ATLANTIC BLVD SUITE 4-233
City-State-Zip:	JACKSONVILLE FL 32225

Title	VP MEXICO OPERATIONS
Name	ACOSTA-CRUZ, POLICARPO
Address	13245 ATLANTIC BLVD SUITE 4-233
City-State-Zip:	JACKSONVILLE FL 32225

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: RAFIELLE USHER

CP

03/10/2021

Electronic Signature of Signing Officer/Director Detail_____
Date