

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736539

1. Entity Name

OUT REACH MISSION FOR CHRIST, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90054 045 ****61.25

Principal Place of Business

Mailing Address

7751 NW 4TH CT
MIAMI FL 33150
US

7751 NW 4TH CT
MIAMI FL 33150-2801
US

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1800125

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRED, STANLEY M
1110 BRICKELL AVENUE, SUITE 606
MIAMI FL 33131

Name

Rev. Walter L. Simpson

Street Address (P.O. Box Number is Not Acceptable)

7821 NW 4th Ct

City

Miami

FL

Zip Code

33150

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

Rev. Walter L. Simpson, Pastor *Pastor Rev. Walter L. Simpson 1-5-2000*

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME S
STREET ADDRESS ICESON, DR. MINNIE
CITY-ST-ZIP 2910 NW 67TH ST.
MIAMI FL 33147

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP N/A

TITLE ☐ Delete
NAME D
STREET ADDRESS MCCARTHY, O'NEILL
CITY-ST-ZIP 6751 SW 10 CT
PEMBROKE PINES FL 33023

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP N/A

TITLE ☐ Delete
NAME D
STREET ADDRESS DAYS, SARA
CITY-ST-ZIP 10127 NW 11TH AVE.
MIAMI FL 33150-1318

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP N/A

TITLE ☐ Delete
NAME DP
STREET ADDRESS SIMPSON, WALTER L
CITY-ST-ZIP 7821 NW 4 CT
MIAMI FL 33150

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP N/A

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(l), 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:

Pastor Walter L. Simpson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-2000

CR2E037 (9/99)