

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90037 030 ****61.25

DOCUMENT # 736539

1. Entity Name

OUT REACH MISSION FOR CHRIST, INC.

Principal Place of Business

Mailing Address

**7751 NW 4TH CT
 MIAMI FL 33150
 US**

**7751 NW 4TH CT
 MIAMI FL 33150
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1800125

Applied For

Not Applicable

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

**SIMPSON, WALTER L REV.
 7821 NW 4TH CT.
 MIAMI FL 33150**

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)

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	S	<input type="checkbox"/> Delete
NAME	ICESON, DR. MINNIE	
STREET ADDRESS	2910 NW 67TH ST.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCARTHY, O'NEILL	
STREET ADDRESS	6751 SW 10 CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAYS, SARA	
STREET ADDRESS	10127 NW 11TH AVE.	
CITY-ST-ZIP	MIAMI FL 33150-1318	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SIMPSON, WALTER L	
STREET ADDRESS	7821 NW 4 CT	
CITY-ST-ZIP	MIAMI FL 33150	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

No change

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/2001 (305) 758-2012

Date

Daytime Phone #

CR2E037 (10/00)