

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

0003068

DOCUMENT # 741524

1. Entity Name

MISSIONARY EVANGELIST OUTREACH CENTER HOLINESS C

03-26-2001 90056 024 ****61.25

Principal Place of Business

Mailing Address

1766 N.W. 95 STREET
 MIAMI FL 33147

C/O EULA NELSON
 1420 NW 20TH CT #A
 FT LAUDERDALE FL 33311

001611



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0028303

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

NELSON, EULA
1420 NW 20TH COURT #A
FORT LAUDERDALE FL 33311

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 PD
 NAME KEMP, JOHNNY L Delete
 STREET ADDRESS 3950 N.W. 177TH STREET
 CITY-ST-ZIP CAROL CITY FL 33055

TITLE D
 NAME KEMP, OTIS L. Change Addition
 STREET ADDRESS 3910 N.W. 177th STREET
 CITY-ST-ZIP CAROL CITY FL 33055

TITLE VD
 NAME KEMP, PATTY L Delete
 STREET ADDRESS 3950 NW 177TH ST
 CITY-ST-ZIP CAROL CITY FL 33055

TITLE D
 NAME VAN-REIL, KARL Change Addition
 STREET ADDRESS 7607 W. 40th Street
 CITY-ST-ZIP Coral Springs, FL 33065

TITLE CD Delete
 NAME LEWIN, NICKEY
 STREET ADDRESS 3011 LUCERNE WAY
 CITY-ST-ZIP MIRAMAR FL

TITLE TD Addition
 NAME MUMFORD, TADERRYL Change
 STREET ADDRESS 1800 NW 8 CT
 CITY-ST-ZIP MIAMI, FL 33147

TITLE SD Delete
 NAME MORTIMER, CHRISTINE
 STREET ADDRESS 4230 NW 173 DR
 CITY-ST-ZIP CAROL CITY FL 33055

TITLE D Change Addition
 NAME PETERS, WILENA
 STREET ADDRESS 20861 NW 9th CT #204
 CITY-ST-ZIP MIAMI FL 33169-6826

TITLE TD Delete
 NAME JACKSON, BRENDA
 STREET ADDRESS 14701 NE 8TH AVE
 CITY-ST-ZIP N MIAMI FL

TITLE D Change Addition
 NAME COLEY, LILLIAN
 STREET ADDRESS 5109 NW 27th AVE
 CITY-ST-ZIP MIAMI FL 33142

TITLE S Delete **ADD**
 NAME MORTIMER, LAFARIES
 STREET ADDRESS 521 NW 56 Street
 CITY-ST-ZIP MIAMI FL 33127

TITLE D Change Addition
 NAME COLEMAN, DORIS
 STREET ADDRESS 4840 NW 16th CT
 CITY-ST-ZIP LAUDERHILL FL 33313

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:

Eula Nelson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954/527-2625

CR2E037 (10/00)