

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750284

1. Entity Name

NEW TESTAMENT OUTREACH HOLINESS CHURCH, INC.

Principal Place of Business

Mailing Address

P.O. BOX 152

P.O. BOX 152

PLANT CITY FL 33564

PLANT CITY FL 33564-0152

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

57-1931183

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

Name

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

City

FL

Zip Code

MITCHELL, CHERRY  
1404 HOLLOWMAN RD.  
PLANT CITY FL 33564

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          | P                    | <input type="checkbox"/> Delete            |
| NAME           | WASHINGTON, ADOLPHUS |  |
| STREET ADDRESS | 1305 HOLLOWMAN RD    |  |
| CITY-ST-ZIP    | PLANT CITY FL        |  |
| TITLE          | VP                   | <input type="checkbox"/> Delete            |
| NAME           | MITCHELL, CHERRY     |  |
| STREET ADDRESS | 1404 HOLLOWMAN RD.   |  |
| CITY-ST-ZIP    | PLANT CITY FL        |  |
| TITLE          | STD                  | <input type="checkbox"/> Delete            |
| NAME           | BOWERS, LYNWOOD      |  |
| STREET ADDRESS | P.O. BOX 152 N/A     |  |
| CITY-ST-ZIP    | PLANT CITY FL        |  |
| TITLE          | D                    | <input type="checkbox"/> Delete            |
| NAME           | MITCHELL, CHERRY     |  |
| STREET ADDRESS | 1404 HOLLOWMAN RD.   |  |
| CITY-ST-ZIP    | PLANT CITY FL        |  |
| TITLE          | D                    | <input type="checkbox"/> Delete            |
| NAME           | JONES, DORRIS        |  |
| STREET ADDRESS | 5510 HORTON ROAD     |  |
| CITY-ST-ZIP    | PLANT CITY FL        |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | MOORE, JAMES         |  |
| STREET ADDRESS | 812 W 14TH ST        |  |
| CITY-ST-ZIP    | LAKELAND FL          |  |

|                |   |
|----------------|---|
| 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           |   |
| 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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| 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           |   |
| 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)(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

1-6-2000 (8B) 737-4049  
Daytime Phone #

FILED  
Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90040 011 \*\*\*\*61.25

00004010



DO NOT WRITE IN THIS SPACE