

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90244 044 ****61.25

DOCUMENT # 757860

1. Entity Name

FAITH OUTREACH MINISTRIES, INC.

Principal Place of Business

Mailing Address

**CASON BLVD.
 PO BOX 23
 INGLIS FL 34449**

**CASON BLVD.
 PO BOX 23
 INGLIS FL 34449**

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

05-0013400

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

**NEELD, GILBERT
 RISHER AVE
 INGLIS FL 34449**

Name

SAME

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

HIWAY 40A HOUSE #5450

City

Inglis

FL

Zip Code

34449

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 **VD** ☐ Delete
 NAME **WALDEN, FRANKLIN**
 STREET ADDRESS **118 CROWELL RD**
 CITY-ST-ZIP **CONYERS GA**

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

TITLE **PD** ☐ Delete
 NAME **NEELD, GILBERT**
 STREET ADDRESS **RISHER AVE.**
 CITY-ST-ZIP **INGLIS FL**

TITLE ☒ Change ☐ Addition
 NAME **PD Gilbert Neeld**
 STREET ADDRESS **HIWAY 40A HOUSE #5450**
 CITY-ST-ZIP **INGLIS, FL. 34449**

TITLE **STTR** ☒ Delete
 NAME **NEELD, LAURA**
 STREET ADDRESS **RISHER AVENUE**
 CITY-ST-ZIP **INGLIS FL**

TITLE ☐ Change ☒ Addition
 NAME **STTR Gloria J. Todd**
 STREET ADDRESS **4190 S. BRIAN PT.**
 CITY-ST-ZIP **HOYDASSA, FL. 34446**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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)(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: LINDA R. NEELD, GILBERT & NEELD **4-11-02** **352-4473513**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)