

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759300

1. Entity Name

ECHO OUTREACH MINISTRIES, INC.

Principal Place of Business

702 WEST MADISON
TALLAHASSEE FL 32304

Mailing Address

702 WEST MADISON
TALLAHASSEE FL 32304-4324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2290628

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

HENDERSON, MICHAEL
1515 PAUL RUSSEL RD, SUITE 62
TALLAHASSEE FL 32304

Name SUSAN POURCIAU

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

4354 Amber Valley Dr.

City Tallahassee

FL

Zip Code 32312

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 Susan Pourciau

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

SUSAN POURCIAU, Exec. Director

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/2000

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 SD
NAME COX, KATHY
STREET ADDRESS 1430 S. MERIDIAN ST.
CITY-ST-ZIP TALLAHASSEE FL ☒ Delete

TITLE SD
NAME Linda Turnage
STREET ADDRESS 1951 Meridian Rd Apt 23
CITY-ST-ZIP Tallahassee FL 32303 ☐ Change ☒ Addition

TITLE P
NAME COLE, TERRY
STREET ADDRESS 6462 DOWNHILL RD
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

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

TITLE D
NAME OSGOOD, JANET
STREET ADDRESS 431 TAN BARK PLACE
CITY-ST-ZIP TALLAHASSEE FL ☒ Delete

TITLE D
NAME Tenolian Bell
STREET ADDRESS 2420 Beechnut Lane
CITY-ST-ZIP Tallahassee FL 32303 ☐ Change ☒ Addition

TITLE TD
NAME KNAPP, DALE
STREET ADDRESS 7760 BASS RIDGE DR
CITY-ST-ZIP TALLAHASSEE FL ☒ Delete

TITLE TD
NAME Phil Bowers
STREET ADDRESS 11073 Wildlife Trail
CITY-ST-ZIP Tallahassee FL 32312 ☐ Change ☒ Addition

TITLE MD
NAME HENDERSON, MICHAEL
STREET ADDRESS 1515 PAUL RUSSELL RD, SUITE 62
CITY-ST-ZIP TALLAHASSEE FL ☒ Delete

TITLE M
NAME Susan Pourciau
STREET ADDRESS 4354 Amber Valley Dr
CITY-ST-ZIP Tallahassee FL 32312 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00

Date

8502243246

Daytime Phone #

CR2E037 (9/99)