

2001 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

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

59-2290628

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POURCIAU, SUSAN
4354 AMBER VALLEY DR
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

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.

SUSAN POURCIAU

SIGNATURE

Susan Pourciau, Executive Director

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/01

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

TITLE NAME SD
TURNAGE, LINDA
STREET ADDRESS 1951 MERIDIAN RD APT-23
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

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

TITLE NAME D
BELL, TENOLIAN
STREET ADDRESS 2420 BEECHNUT LANE
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE NAME TD
BOWERS, PHIL
STREET ADDRESS 11073 WILDLIFE TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32312 ☒ Delete

TITLE NAME M
POURCIAU, SUSAN
STREET ADDRESS 4354 AMBER VALLEY DR
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE NAME TD
Randy Beach
STREET ADDRESS 5370 High Colony Dr.
CITY-ST-ZIP Tallahassee FL 32311 ☐ Change ☒ Addition

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

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:

Tenolian Bell, Board President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01

Date

850-383-1561

Daytime Phone #

80015968



DO NOT WRITE IN THIS SPACE

0014402

CR2E037 (10/00)