

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90262 018 ****61.25

DOCUMENT # 759300

1. Entity Name

ECHO OUTREACH MINISTRIES, INC.

Principal Place of Business

Mailing Address

702 WEST MADISON
 TALLAHASSEE FL 32304

702 WEST MADISON
 TALLAHASSEE FL 32304

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POURCIAU, SUSAN
4354 AMBER VALLEY DR
TALLAHASSEE FL 32312

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 Susan Pourciau

SUSAN POURCIAU

1/17/02

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

TITLE **SD** Change Addition
 NAME **Shepherd, Lois**
 STREET ADDRESS **1117 Lasswade Dr**
 CITY-ST-ZIP **Tallahassee FL 32312**

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

TITLE **VD** Change Addition
 NAME **Kauffman, Steve**
 STREET ADDRESS **1601 Ostapakin Nene**
 CITY-ST-ZIP **Tallahassee FL 32301**

TITLE **TD** Delete
 NAME **BEACH, RANDY**
 STREET ADDRESS **5370 HIGH COLONY DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **TD** Change Addition
 NAME **Wright, Glenn**
 STREET ADDRESS **6124 Pimlico Ct.**
 CITY-ST-ZIP **Tallahassee FL 32308**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Jendian R. Bell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02 850 599 3456
 Date Daytime Phone #

CR2E037 (9/01)