

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 763632

1. Entity Name

THE UNITED EVANGELICAL & MISSIONARY OUTREACH INC.

Principal Place of Business

4200 JUNIPER STREET
PORT CHARLOTTE FL 33948

Mailing Address

631 GROVE AVE NW
PORT CHARLOTTE FL 33952

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2259167

Applied For

Not Applicable

5. Certificate of Status Desired

1st MOORE

CR2E037 (10/04)

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HASTINGS, ARTHNEL
631 GROVE AVE
PT CHARLOTTE FL 33952

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

PD

HASTINGS, ARTHNEL, REV.

631 GROVE AVE

PT CHARLOTTE FL

☐

Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

VTD

KHALEEL, BASIL, REV

23505 FERNDAL AVE.

PT CHARLOTTE FL

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Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

SD

KHALEEL, ANDREA

23505 FERNDAL AVE

PT CHARLOTTE FL

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Change

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05

941-625-6091

Date

Daytime Phone #