

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90025 049 ****70.00

DOCUMENT # 767450

1. Entity Name

OMEGA OUTREACH MINISTRY, INC.

Principal Place of Business

1307 NW 43 ST
 GAINESVILLE FL 32605
 US

Mailing Address

1307 NW 43 ST
 GAINESVILLE FL 32605
 US

2. Principal Place of Business

1008 NW 5th Ave
 Suite, Apt. #, etc.

3. Mailing Address

1307 NW 43 Street
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Gainesville Florida

City & State

Gainesville Florida

4. FEI Number

59-2141985

Applied For

Not Applicable

Zip

32601

Country

alachu

Zip

32605

Country

alachu

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

YOUNG, LAKPIDRA D
 1307 N.W. 43 STREET
 GAINESVILLE FL 32605

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

After September 13, 2002,
 min. will be \$236.25.

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	PD	<input type="checkbox"/> Delete
NAME	YOUNG, JAMES R.	
STREET ADDRESS	1307 B.W. 43RD ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COOPER, JEANETTE	
STREET ADDRESS	COUNTY RD 2054, #36	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	COOPER, RODNEY	
STREET ADDRESS	COUNTY RD 2054, #36	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	5MD	<input type="checkbox"/> Delete
NAME	YOUNG, LAKEIDRA D	
STREET ADDRESS	1307 N.W. 43RD STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCOTT, FRANKIE YOUNG	
STREET ADDRESS	P.O. BOX 2304	
CITY-ST-ZIP	GAINESVILLE FL 32602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: LAKPIDRA D YOUNG JAMES R. YOUNG 9-06-02 3523723916

CR2E037 (4/02)