

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

0010028

05-22-2003 90138 022 \*\*\*\*\*70.00

**DOCUMENT # 767450**

1. Entity Name

**OMEGA OUTREACH MINISTRY, INC.**



Principal Place of Business

**1008 NW 5TH AVE  
GAINESVILLE FL 32601  
US**

Mailing Address

**1008 NW 5TH AVE  
GAINESVILLE FL 32601  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2141985**

Applied For

Not Applicable

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

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

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *James R. Young* **James R. Young** 05-20-03 3523723916  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)