

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770178

1. Entity Name

WORD OUTREACH TEACHING MINISTRIES, INCORPORATED

Principal Place of Business

2175 FOREST GATE DR E
JACKSONVILLE FL 32246-1127
US

Mailing Address

2175 FOREST GATE DR E
JACKSONVILLE FL 32246-1127
US

2. Principal Place of Business

277 BRANSCOMB RD

Suite, Apt. #, etc.

3. Mailing Address

277 BRANSCOMB RD

Suite, Apt. #, etc.

City & State

GREEN COVE SPRINGS, FL

City & State

GREEN COVE SPRINGS, FL

Zip

32043

Country

USA

Zip

32043

Country

USA

4. FEI Number

59-2314160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHELTON, CHARLES G.
2175 FORESTGATE DR E
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

Name MORRIS, THEODORE G.

Street Address (P.O. Box Number is Not Acceptable)

277 BRANSCOMB RD

City GREEN COVE SPRINGS

FL

Zip Code 32043

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 *Theodore G. Morris*
THEODORE G. MORRIS, TREASURER

4/19/2001

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

TITLE VD
NAME JONES, KATHI
STREET ADDRESS 17 RIVER RD
CITY-ST-ZIP ORANGE PARK FL ☐ Delete

TITLE DV
NAME HALL, ANITA SUE
STREET ADDRESS 3945 SUSAN DR
CITY-ST-ZIP GREEN COVE SPRINGS FL ☐ Delete

TITLE DP
NAME CRANE, JANE
STREET ADDRESS 3944 SAN REMO DR.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE DS
NAME GRAEFF, PATRICIA B
STREET ADDRESS 506 LAKE ASBURY DR
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 ☒ Delete

TITLE DT
NAME SHELTON, CHARLES G.
STREET ADDRESS 2175 FOREST GATE DR E
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE DS
NAME THORNTON, MARY LOU ☒ Change ☐ Addition
STREET ADDRESS 1830 SEVILLA BLVD APT 208
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE DT
NAME MORRIS, THEODORE G. ☒ Change ☐ Addition
STREET ADDRESS 277 BRANSCOMB RD
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

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: *Theodore G. Morris*
THEODORE G. MORRIS, TREASURER

4/19/2001 904-282-4247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0013178



DO NOT WRITE IN THIS SPACE