

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-19-2001 90015 024 ****61.25

DOCUMENT # N00000001705

1. Entity Name

FRESH OIL EVANGELISTIC MINISTRIES INC.



Principal Place of Business

4801 N. 30TH ST.
TAMPA FL 33610

Mailing Address

4801 N. 30TH ST.
TAMPA FL 33610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3636431

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

GREEN, CHERRIE
4801 N. 30TH ST.
TAMPA FL 33610

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

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 **PRESIDENT** ☐ Delete
NAME **CHERRIE GREEN**
STREET ADDRESS **4801 N. 30th St. TAMPA, FL 33610**
CITY-ST-ZIP

TITLE **TRUSTEE** ☐ Delete
NAME **TOMMIE MAE WHITE**
STREET ADDRESS **4801 N. 30th St TAMPA, FL 33610**
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Delete
NAME **GEORGIANNA HAYES**
STREET ADDRESS **1511 22nd St. 30 Apt 2**
CITY-ST-ZIP **St. Pete FL. 33712**

TITLE **TRUSTEE** ☐ Delete
NAME **Veronica White**
STREET ADDRESS **4801 N. 30th St**
CITY-ST-ZIP **Tampa, FL 33610**

TITLE **Trustee** ☐ Delete
NAME **Frank Bafford**
STREET ADDRESS **9622 Theresa Dr**
CITY-ST-ZIP **Apogee, FL 33592**

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

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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: **Cherrie Green** **REC: CHERRIE GREEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01

Date

813 237-1350

Daytime Phone #

CR2E037 (10/00)