

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002672

1. Entity Name

GRACE OUTREACH MINISTRIES, INC.

Principal Place of Business

5006 IRONWOOD TRAIL
BARTOW FL 33830

Mailing Address

P. O. BOX 415
HIGHLAND CITY FL 33846

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 59-3638981

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

DANIEL, V.K.
5006 IRONWOOD TRAIL
BARTOW FL 33830

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME GEORGE, THOMAS
STREET ADDRESS ASHLEY GLEN APT. BLDG. #1310, APT. 305
CITY-ST-ZIP BARTOW FL 33830

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

TITLE D ☐ Delete
NAME DANIEL, V.K.
STREET ADDRESS 5006 IRONWOOD TRAIL
CITY-ST-ZIP BARTOW FL 33830

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

TITLE D ☐ Delete
NAME PHILIP, VARUGHESE
STREET ADDRESS 5266 ST. LUCIA DR.
CITY-ST-ZIP LAKELAND FL 33813

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

TITLE D ☐ Delete
NAME THOMAS, JOSEPH
STREET ADDRESS 5238 MONTERRAT CT.
CITY-ST-ZIP LAKELAND FL 33813

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

TITLE D ☐ Delete
NAME PHILIP, REJI
STREET ADDRESS 5222 ST. LUCIA DR.
CITY-ST-ZIP LAKELAND FL 33813

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Philip Varughese PHILIP 01/26/02 (863)644-1143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

Attachment
#N000000002672/604345

From
Varughese Philip
5266 St. Lucia Dr
Lakeland, FL 33813

01/26/02

To
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302

RE: Change of Address

Dear Sir/Madam,

Please change the address of our Director, Rev. George Thomas (Block #10, First Director). I am giving the old and New address below.

Old Address

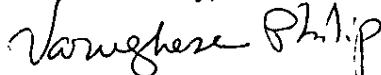
George, Thomas
Ashley Glenn Apt.Bldg# 1310, Apt. 305
Bartow, FL 33830

New Address

GEORGE, THOMAS
5541 BEVERLY RISE BLVD.
LAKELAND, FL 33813

Thank you,

Yours Sincerely,


Varughese Philip