

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002936

1. Entity Name

GODS POWERFUL OUTREACH MINISTRY, INC.

**FILED**  
Jul 24, 2001 8:00 am  
Secretary of State

07-24-2001 90028 010 \*\*\*\*70.00

Principal Place of Business

Mailing Address

P O BOX 1332  
DUNDEE FL 33838

P O BOX 1332  
DUNDEE FL 33838

C0074091



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

133 E. Main St.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1332  
Suite, Apt. #, etc.

City & State

Dundee, FL

City & State

Dundee, FL

4. FEI Number

59-3648741

Applied For

Not Applicable

Zip

33838

Country

POIK

Zip

33838

Country

POIK

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

Name

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

City

FL

Zip Code

WILLIAMS, C D  
348 HOLLY RIDGE ROAD  
WINTER HAVEN FL 33880

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~~  
After September 12, 2001, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WILLIAMS, C D  
P O BOX 1332  
DUNDEE FL 33838 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WILLIAMS, JACQUELINE  
P O BOX 1332  
DUNDEE FL 33838 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DAVIS, ETHEL  
P O BOX 83  
LAJE WALES FL 33853 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

SIGNATURE REQUIRED C.D. Williams July 18, 2001 (863) 291-0519

CR2E037 (5/01)