

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90780 013 ****61.25

DOCUMENT # *N000000003400* ✓

1. Entity Name
*None Shall Lack Outreach Ministries
of Orlando, Inc.*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
925 Ferndell Road
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 585483
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, Florida
Zip
32808
Country
US

City & State
Orlando, Florida
Zip
32858
Country
US

4. FEI Number
59-3652811

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
Kenneth Turner

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

925 Ferndell Road

City
Orlando

FL Zip Code
32808

**DO NOT WRITE
IN THIS SPACE**

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: *Kenneth Turner* - *Kenneth Turner*

4-17-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*President
Kenneth Turner
925 Ferndell Road
Orlando, FL 32808*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Secretary
Shuwanda Turner
4210 Brittany Rd.
Orlando, FL 32808*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Treasurer
James Turner, Jr.
4210 Brittany Rd.
Orlando, FL 32808*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Member
Samantha Turner
925 Ferndell Road
Orlando, FL 32808*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Kenneth Turner* - *Kenneth Turner* *4-17-02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #