

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90308 012 \*\*\*\*61.25

**DOCUMENT # N00000003510**

1. Entity Name

**CIRCLE OF LOVE OUTREACH FELLOWSHIP, INC.**

Principal Place of Business

Mailing Address

1407 NW 19TH AVE.  
 FT. LAUDERDALE FL 33311

1407 NW 19TH AVE.  
 FT. LAUDERDALE FL 33311

**31749**

2. Principal Place of Business

3. Mailing Address

649 NW 22 Rd

649 N.W. 22 Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ONE

ONE

City & State

City & State

FT LAUD FL

SAME

4. FEI Number

Applied For

65-1007230

Not Applicable

Zip

Country

Zip

Country

33311

Broward

33311

Broward

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

SMITH, SHAWANA  
 3241 NW 4TH ST.  
 FT. LAUDERDALE FL 33311

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 P  
 NAME MCCOGGLE, DEBORAH J  
 STREET ADDRESS 1407 NW 19TH AVE.  
 CITY-ST-ZIP FT. LAUDERDALE FL 33311 **D**

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

TITLE V  
 NAME MCCOGGLE, CARL  
 STREET ADDRESS 1407 NW 19TH AVE.  
 CITY-ST-ZIP FT. LAUDERDALE FL 33311 **T**

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

TITLE ST  
 NAME SMITH, SHAWANA  
 STREET ADDRESS 3241 NW 19TH AVE  
 CITY-ST-ZIP FT. LAUDERDALE FL 33311 **T**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Deborah McCoggle** **Deborah McCoggle** **2-19-01** **523-6487**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)