

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90157 019 \*\*\*\*61.25

**DOCUMENT # N00000003958**

1. Entity Name

**GLOBAL OUTREACH MINISTRY NETWORK, INC.**

Principal Place of Business

**2502 MCCORMICK RD  
 SOUTHPORT FL 32409**

Mailing Address

**2502 MCCORMICK RD  
 SOUTHPORT FL 32409**

2. Principal Place of Business

**1204-C W. 19th St.**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 15608**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Panama City, FL**

**32405**

**Bay**

City & State

**Panama City, FL**

**32406**

**Bay**

4. FEI Number

**593652778**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LEE, KIMBERLY  
 2502 MCCORMICK RD  
 SOUTHPORT FL 32409**

7. Name and Address of New Registered Agent

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  
 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

|                |                                    |                                 |
|----------------|------------------------------------|---------------------------------|
| TITLE          | PD                                 | <input type="checkbox"/> Delete |
| NAME           | LEE, MICHAEL A                     |                                 |
| STREET ADDRESS | 2502 MCCORMICK RD                  |                                 |
| CITY-ST-ZIP    | SOUTHPORT FL 32409                 |                                 |
| TITLE          | VD                                 | <input type="checkbox"/> Delete |
| NAME           | LEE, KIMBERLY D                    |                                 |
| STREET ADDRESS | 2502 MCCORMICK RD                  |                                 |
| CITY-ST-ZIP    | SOUTHPORT FL 32409                 |                                 |
| TITLE          | SD                                 | <input type="checkbox"/> Delete |
| NAME           | ANDERSON, VICTORIA                 |                                 |
| STREET ADDRESS | P O BOX 234                        |                                 |
| CITY-ST-ZIP    | WEWAHITCHKA FL 32465               |                                 |
| TITLE          | TD                                 | <input type="checkbox"/> Delete |
| NAME           | HARPER, VERONICA                   |                                 |
| STREET ADDRESS | 3807 W 21ST ST 1222-3 Stephens Dr. |                                 |
| CITY-ST-ZIP    | PANAMA CITY FL 32405               |                                 |
| TITLE          | D                                  | <input type="checkbox"/> Delete |
| NAME           | SCOTT, CHARLES                     |                                 |
| STREET ADDRESS | 6712 OLOKEE ST                     |                                 |
| CITY-ST-ZIP    | PANAMA CITY FL 32405               |                                 |
| TITLE          | D                                  | <input type="checkbox"/> Delete |
| NAME           | SCOTT, SHEILA                      |                                 |
| STREET ADDRESS | 6712 OLOKEE ST                     |                                 |
| CITY-ST-ZIP    | PANAMA CITY FL 32404               |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Victoria Anderson*

*9-6-2001 850-872-1332*

CR2E037 (5/01)