

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 27, 2003 8:00 am**  
**Secretary of State**

06-27-2003 90047 012 \*\*\*\*\*70.00

DOCUMENT # N00000003958

1. Entity Name

GLOBAL OUTREACH MINISTRY NETWORK, INC.



Principal Place of Business

6704 HWY 78  
JASPER AL 35501

Mailing Address

PO BOX 442  
JASPER AL 33501

2. Principal Place of Business

390 TYNDALL PKWY

Suite, Apt. #, etc.

Suite 135

City & State  
Panama City FL

Zip  
32405

Country  
USA

3. Mailing Address

390 TYNDALL PKWY

Suite, Apt. #, etc.

Suite 135

City & State  
Panama City FL

Zip  
32405

Country  
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3652778

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 Victoria Anderson

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

City Newahitchka

FL

Zip Code  
32465

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Victoria Anderson*

6-9-03

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME LEE, MICHAEL A  
STREET ADDRESS 2502 MCCORMICK RD  
CITY-ST-ZIP SOUTHPORT FL 32409

TITLE VD ☐ Delete  
NAME LEE, KIMBERLY D  
STREET ADDRESS 2502 MCCORMICK RD  
CITY-ST-ZIP SOUTHPORT FL 32409

TITLE SD ☐ Delete  
NAME ANDERSON, VICTORIA  
STREET ADDRESS P O BOX 234  
CITY-ST-ZIP WEWAHITCHKA FL 32465

TITLE TD ☒ Delete  
NAME HARPER, VERONICA  
STREET ADDRESS 1222-3 STEPHENS DRIVE  
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE D ☒ Delete  
NAME SCOTT, CHARLES  
STREET ADDRESS 6712 OLOKEE ST  
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE D ☒ 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 Director ☐ Change ☒ Addition  
NAME JUSTIN D. ORTIZ  
STREET ADDRESS PO BOX 234  
CITY-ST-ZIP WEWAHITCHKA FL 32465

TITLE PD ☒ Change ☐ Addition  
NAME LEE, MICHAEL A.  
STREET ADDRESS 303-D Belline Place #723  
CITY-ST-ZIP Decatur, AL 35603

TITLE VD ☒ Change ☐ Addition  
NAME LEE, KIMBERLY  
STREET ADDRESS 303-D Belline Place #723  
CITY-ST-ZIP Decatur, AL 35603

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

TITLE ☐ Change ☐ Addition  
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:

*Michael A. Lee* MICHAEL A. Lee 5-26-03 800-489-9006

CR2E037 (10/02)