

3/29/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

03-29-2001 90365 014 ****61.25

DOCUMENT # N00000004939

1. Entity Name

OUTREACH EVANGELISTIC MINISTRY INC.

Principal Place of Business

808 1/2 NORTH 17TH STREET
FORT PIERCE FL 34950

Mailing Address

P.O. BOX 701
FORT PIERCE FL 34954

2. Principal Place of Business

Same
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-1035140

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Additional Fee Required \$8.75

6. Name and Address of Current Registered Agent

HAYES, SHIRLEY
808 1/2 NORTH 17TH STREET
FORT PIERCE FL 34950

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

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

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include HAYES, SHIRLEY; THOMAS, MICHAEL W; HAYES, PRISCILLA; THOMAS, KATHERIA D.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and 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

3/5/01

Date

Daytime Phone #

CR2E037 (10/00)