

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 # NO00000004939**

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.

City &amp; State

City &amp; State

4. FEI Number

**65-1035140**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>HAYES, SHIRLEY</b>	
STREET ADDRESS	<b>808 1/2 NORTH 17TH STREET</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34950</b>	

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

TITLE	V	<input type="checkbox"/> Delete
NAME	<b>THOMAS, MICHAEL W</b>	
STREET ADDRESS	<b>1302 NORTH 6TH CT.</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34950</b>	

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

TITLE	S	<input type="checkbox"/> Delete
NAME	<b>HAYES, PRISCILLA</b>	
STREET ADDRESS	<b>808 1/2 NORTH 17TH STREET</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34950</b>	

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

TITLE	T	<input type="checkbox"/> Delete
NAME	<b>THOMAS, KATHERIA D</b>	
STREET ADDRESS	<b>1302 N. 16TH CT.</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34950</b>	

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

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)