

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000006232**

1. Entity Name

CLARENCE COUNCIL WORLD OUTREACH MINISTRIES, INC.**FILED****02 MAR 4 AM 10:26****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**2554 VERNON STREET
JACKSONVILLE FL 32209**

Mailing Address

**2554 VERNON STREET
JACKSONVILLE FL 32209**

2. Principal Place of Business

2554 VERNON ST

Suite, Apt. #, etc.

3. Mailing Address

2554 VERNON ST

Suite, Apt. #, etc.

City & State

JAX, FL

City & State

JAX, FL

4. FEI Number

31-1753862

Applied For

☒ Not Applicable

Zip

32209

Country

USA

Zip

32209

Country

U.S.A.

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

**COUNCIL, CLARENCE
2554 VERNON STREET
JACKSONVILLE FL 32209**

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

Rev Clarence Lennart Jr. President**1/12/02**

Signature, typed or printed name of registered agent and use 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	COUNCIL, CLARENCE S.A.	
STREET ADDRESS	2554 VERNON STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300005169683	
STREET ADDRESS	03/26/02--01053--010	
CITY-ST-ZIP	****245.00 ****245.00	

TITLE	V	<input type="checkbox"/> Delete
NAME	COUNCIL, DELORES	
STREET ADDRESS	2554 VERNON STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DARRILYN E. COUNCIL	
STREET ADDRESS	2554 VERNON ST	
CITY-ST-ZIP	JAX, FL 32209	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	Rev LOUI'S C. PARKER	
STREET ADDRESS	2022 BROOKLYN RD	
CITY-ST-ZIP	JAX, FL 32209	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DARRIYR WATERS	
STREET ADDRESS	3511 MECASIN ST	
CITY-ST-ZIP	JAX, FL 32209	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STATEMENT 01-02	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	Mloria Costello	
STREET ADDRESS	5604 CAMPANELLA ST	
CITY-ST-ZIP	JAX, FL 32209	

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 #

(904) 355-1329

CR2E037 (10/00)