

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000006768**

1. Entity Name

COUNTRY OUTREACH, INC.**FILED**
Aug 09, 2001 8:00 am
Secretary of State

08-09-2001 90046 012 ****70.00

0003237

Principal Place of Business

**56 ROSEDOWN BLVD
DEBARY FL 32713**

Mailing Address

**56 ROSEDOWN BLVD
DEBARY FL 32713**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

N/A

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ROWE, JEANNETTE L
56 ROSEDOWN BLVD
DEBARY FL 32713**

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
NAME
STREET ADDRESS
CITY-ST-ZIP**D
ROWE, JEANNETTE L
56 ROSEDOWN BLVD
DEBARY FL 32713**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
BIGLEY, DREAMA K
56 ROSEDOWN BLVD
DEBARY FL 32713**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
MACKERLEY, SHIRLEY A
4986 COURTLAND LOOP
WINTER SPRINGS FL 32708**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
GREGORY, BARBARA J
1143 W EMBASSY DR
DELTONA FL 32725**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
ROYCE, MARIE
1409 BREAKS WAY
PORT ORANGE FL 32127**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ 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 of Jeannette L. Rowe) **(Jeannette L. Rowe)** 8/1/01 (407) 668-3477

CR2E037 (5/01)