

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007510

1. Entity Name

TOTAL CHANGE OUTREACH, INC.

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90168 003 ****61.25

Principal Place of Business

7045 DEAUVILLE ROAD
JACKSONVILLE FL 32205

Mailing Address

P O BOX 12195
JACKSONVILLE FL 32209-0195

2. Principal Place of Business

3. Mailing Address

P.O. Box 66023

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FLA.

Zip

Country

Zip

32205

Country

4. FEI Number

59-3681194

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

WILLIAMS, KEITH
7045 DEAUVILLE ROAD
JACKSONVILLE FL 32205

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, DORIS P
7045 DEAUVILLE ROAD
JACKSONVILLE FL 32205

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, KEITH
7045 DEAUVILLE ROAD
JACKSONVILLE FL 32205

☐ Delete

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

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CITY-ST-ZIP
D
JAMES, PARDINE
7045 DEAUVILLE ROAD
JACKSONVILLE FL 32205

☐ Delete

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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:

Prayer Williams

Apr 27-01

904 781-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)