

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008505

1. Entity Name

MIRACLE CITY WORSHIP CENTER OUTREACH MINISTRIES,

Principal Place of Business

Mailing Address

5015 EAST FOWLER AVE
TAMPA FL 33617

5015 EAST FOWLER AVE
TAMPA FL 33617

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

59-3689773

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

FRANKLIN, ELGIN JR
5701 CANDLEWICK CT
TAMPA FL 33617

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 D ☐ Delete
NAME FRANKLIN, ELGIN JR
STREET ADDRESS 5701 CANDLEWICK CT
CITY-ST-ZIP TAMPA FL 33617

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

TITLE D ☐ Delete
NAME YOUNG, STANFORD L JR
STREET ADDRESS 1701 WOODFERN DR
CITY-ST-ZIP TAMPA FL 33612

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

TITLE D ☐ Delete
NAME YOUNG, AGNES L
STREET ADDRESS 1701 WOODFERN DR
CITY-ST-ZIP TAMPA FL 33612

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

TITLE D ☐ Delete
NAME KIRKLAND, JASMINE
STREET ADDRESS 2042 BEARSS AVE, APT #311
CITY-ST-ZIP TAMPA FL 33613

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

ELGIN JR FRANKLIN

8/29/01

988-3575

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90054 031 ****70.00

AVU03670



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)