

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90084 047 \*\*\*\*70.00

**DOCUMENT # N00000008505**

1. Entity Name

**MIRACLE CITY WORSHIP CENTER OUTREACH MINISTRIES, INC.**

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



DO NOT WRITE IN THIS SPACE

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

**Elgin FRANKLIN JR.**

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

**106 E. Euclid Ave.**

City

**Tampa**

**FL**

Zip Code

**33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Elgin Franklin - Elgin FRANKLIN**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**9/9/02**

DATE

**After September 13, 2002,  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **D TIFFANY FRANKLIN**  
STREET ADDRESS **106 E. Euclid Ave.**  
CITY-ST-ZIP **Tampa FL 33602**

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

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

TITLE ☐ 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 FRANKLIN**

**9/9/02 (813)221-0176**

CR2E037 (4/02)