

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90132 017 \*\*\*\*69.75

**DOCUMENT # N00000008505**

**1. Entity Name**  
**MIRACLE CITY WORSHIP CENTER OUTREACH MINISTRIES, INC.**



**Principal Place of Business**  
**5015 EAST FOWLER AVE**  
**TAMPA FL 33617**

**Mailing Address**  
**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

**4. FEI Number 59-3689773**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**  
**106 E EUCLID AVE**  
**TAMPA FL 33602**

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

**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 10, 2003, min will be \$236.25**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
Added to Fees

**Make Check Payable to**  
**Florida 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** **FRANKLIN, TIFFANY**  
**STREET ADDRESS** **106 E EUCLID AVE**  
**CITY-ST-ZIP** **TAMPA FL 33602**

**TITLE** ☐ Change ☒ Addition  
**NAME** **D Simon GERARD**  
**STREET ADDRESS** **617 N. EXCELSA**  
**CITY-ST-ZIP** **Tampa FL 33609**

**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:** CO-SIGNATURE REQUIRED FRANKLIN JR. 10/6/03 (813) 221-0176

CR2E037 (4/03)