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

FILED
Jul 16, 2002 8:00 am
Secretary of State
06-05-2002 90412 022 ****70.00

DOCUMENT #N01000000465

1. Entity Name
ST. STEPHEN OUT REACH MINISTRIES INC

DO NOT WRITE IN THIS SPACE

[redacted]

38783

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2. Principal Place of Business	3. Mailing Address
1344 29TH ST. S.	2123 QUEENSBORO A/S
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG FL	City & State: ST. PETERSBURG FL
Zip: 33712 Country: USA	Zip: 33712 Country: USA

4. FEI Number: 59-3693210 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: THOMAS DAVENPORT

Street Address (P.O. Box Number is Not Acceptable): 2123 QUEENSBORO A/S

City: ST. PETERSBURG FL Zip Code: 33712

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

FEE IS $61.25
Initial or Amended UBR

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	P - THOMAS DAVENPORT
NAME	
STREET ADDRESS	2123 QUEENSBORO A/S
CITY-ST-ZIP	ST. PETERSBURG FL 33712
TITLE	VIS - WILLIE MAE DAVENPORT - T
NAME	
STREET ADDRESS	2123 QUEENSBORO A/S
CITY-ST-ZIP	ST. PETERSBURG FL 33712
TITLE	S/T - DORIA BURCH
NAME	
STREET ADDRESS	3227 19TH A/S
CITY-ST-ZIP	ST. PETERSBURG FL 33712
TITLE	T - LISA WARD
NAME	
STREET ADDRESS	2110 QUEENBORO A/S
CITY-ST-ZIP	ST. PETERSBURG FLA 33712
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Willie Mae Davenport
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(727) 898-4080
Daytime Phone #