2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
04-29-2002 90133 044 ****61.25

DOCUMENT # N01000001153

1. Entity Name

BYKOTA OUTREACH MINISTRIES, INC.

Principal Place of Business	Mailing Address
3202 HIBISCUS AVE FT PIERCE FL 34947	PO BOX 2413 FT PIERCE FL 34954

DO NOT WRITE IN THIS SPACE

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 65-1088496 ☐ 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
HAMILTON, WINSTON C 3202 HIBISCUS AVE FT PIERCE FL 34947	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMILTON, WINSTON C 3202 HIBISCUS AVE FT PIERCE FL 34947	☐ Delete	TITLE P/D NAME STREET ADDRESS CITY-ST-ZIP	WINSON G. HAMILTON, CHBC 3202 HIBISCUS AVE FORT PIERCE, FL 34947	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMILTON, IDA 3202 HIBISCUS AVE FT PIERCE FL 34947	☐ Delete	TITLE S/D NAME STREET ADDRESS CITY-ST-ZIP	IDA N. HAMILTON, R.N. 3202 HIBISCUS AVE FORT PIERCE, FL 34947	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASON, ANNETTE 3008 HIBISCUS AVE FT PIERCE FL 34947	☐ Delete	TITLE T/D NAME STREET ADDRESS CITY-ST-ZIP	ANNETTE CASON, M.A. 3008 HIBISCUS AVE FORT PIERCE, FL 34947	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPENCER, GLORIA 7691 CHARLESTON WAY PORT ST LUCIE FL 34986	☑ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DWIGHT G.A. DANKINS, MD 544 WAVERLY CIRCLE PORT ST. LUCIE, FL 34983	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	OTENI G. HAMILTON 3202 HIBISCUS AVE FORT PIERCE, FL 34947	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. WINSTON G. HAMILTON WINSTON G. HAMILTON 04/16/02 (772)873-4879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #