2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002915

Entity Name
L.I.F.E OUTREACH INC

FILED
02 JAN 17 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3224 Castle Oak Ave Orlando, FL 32808	3224 Castle Oak Ave Orlando FL 32808

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1720 Rio Grande Ave	1720 Rio Grande Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Orlando FL	Orlando FL
City & State	City & State
32805	32805
Zip / Country: 32805 / ORANGE	Zip / Country: 32805 / ORANGE

4. FEI Number: 593713637 ☐ 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
CAROLYN AUSTIN 3224 Castle Oak Ave Orlando, FL 32808	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: Carolyn Austin — Dec 19, 2001
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: [illegible]

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT P D CAROLYN AUSTIN 3224 CASTLE OAK AVE ORLANDO FL 32808	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary S D Sylvia Austin 7624 FERRACA ST ORLANDO FL 32819	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER T D DENNIS BAGLEY 7589 SANDLAKE PT LOOP APT 304 ORLANDO FL 32809-7204	☐ Delete		☐ Change ☐ Addition 400004916634 -02/13/02--01069--003 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (11/00)

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: Carolyn Austin — Dec 19, 2001 — (407) 924-5442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #