

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90298 022 ****61.25

DOCUMENT # NO1000003014

1. Entity Name

GOD'S SERVANT OUTREACH MINISTRIES, INCORPORATED

Principal Place of Business

Mailing Address

2702 NORTH G STREET
 PENSACOLA, FL 32501

2702 NORTH G STREET
 PENSACOLA, FL 32501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

517 N. ALCANIZ St.

pensacola, FL

32501

EScambia



DO NOT WRITE IN THIS SPACE

4. FEI Number

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

GOLDEN, LILY M
 11900 LONGWOOD
 PENSACOLA FL 32507

Name

Golden, Lily M.

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

517 N. ALCANIZ St.

pensacola

City

FL

Zip Code
 32501

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 *Lily M. Golden*

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

Lily M. Golden

(NOTE: Registered Agent signature required when reinstating)

4/29/02

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 **D** ☐ Delete
 NAME **GOLDEN, WILLIE**
 STREET ADDRESS **2702 NORTH G STREET**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☐ Change ☒ Addition
 NAME **Linda Johnson**
 STREET ADDRESS **461 Sufley Field Rd**
 CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE **D** ☐ Delete
 NAME **GOLDEN, LILY M**
 STREET ADDRESS **11900 LONG WOOD**
 CITY-ST-ZIP **PENSACOLA FL 32507**

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

TITLE **D** ☐ Delete
 NAME **TAYLOR, NICOLE A**
 STREET ADDRESS **2700 CYCLE DR**
 CITY-ST-ZIP **PENSACOLA FL 32526**

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

TITLE **D** ☒ Delete
 NAME **DOZIE, ROSE**
 STREET ADDRESS **2811 LANGLEY AVE**
 CITY-ST-ZIP **PENSACOLA FL 32514**

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

TITLE **D** ☐ Delete
 NAME **JOHNSON, JESSIE**
 STREET ADDRESS **461 SUFLEY FIELD RD**
 CITY-ST-ZIP **PENSACOLA FL 32526**

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: *Bishop M. Golden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 850-438-6093

Date

Daytime Phone #

CR2E037 (9/01)