

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91541 030 ****61.25

DOCUMENT # N01000003162

1. Entity Name

GRACE & MERCY OUTREACH MINISTRIES, INC.

Principal Place of Business

Mailing Address

2940 JUSTINA RD
JACKSONVILLE FL 32277-3479
US

6736 GASPAR CIR W
JACKSONVILLE FL 32218

2. Principal Place of Business

2940 Justina Rd

Suite, Apt. #, etc.

3. Mailing Address

6736 Gaspar Cir W

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

DAISE, LORAIN A
6736 GASPAR CIR W
JACKSONVILLE FL 32218

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 ☐ Delete
NAME **P**
STREET ADDRESS **DAISE, LORAIN A**
CITY-ST-ZIP **6736 GASPAR CIR W
JACKSONVILLE FL 32218**

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **PATTERSON, SHARON**
CITY-ST-ZIP **5750 TALLPINE LN. APT #8
JACKSONVILLE FL 32211**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **NOISETTE, SHERLYN L**
CITY-ST-ZIP **3148 SEARCHWOOD ST
JACKSONVILLE FL 32211**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)