

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90140 017 \*\*\*\*61.25

**DOCUMENT # N01000003525**

1. Entity Name

**TRUE BELIEVERS COMMUNITY CHURCH OF JESUS CHRIST, INC.**  
*changed to: Community Outreach Ministry*

Principal Place of Business

**516 1/2 49TH STREET SOUTH  
 ST. PETERSBURG FL 33711**

Mailing Address

**POST OFFICE BOX 933  
 ST. PETERSBURG FL 33731-0933**

2. Principal Place of Business

*2511 Kingston St So.*

3. Mailing Address

Suite, Apt. #, etc.

City & State

*St. Petersburg, FL.*

City & State

4. FEI Number

*59-3671872*

Applied For

Not Applicable

Zip

*33711*

Country

*Pineellas*

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CUTLIF, YATE K  
 501 FIRST AVENUE NORTH  
 SUITE 507  
 ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete  
 NAME **A. ROY SYLVER**  
 STREET ADDRESS **1920 BARCELONA WAY SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **D** ☒ Delete  
 NAME **JACKSON, JASON**  
 STREET ADDRESS **404 40TH STREET SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE **D** ☒ Delete  
 NAME **WASHINGTON, JAMES E**  
 STREET ADDRESS **514 39TH STREET SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE **D** ☐ Delete  
 NAME **REYNOLDS, LAVERNE**  
 STREET ADDRESS **2410 14TH AVENUE SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIC** ☒ Change ☐ Addition  
 NAME **A. Roy Sylver**  
 STREET ADDRESS **404-40th St. So.**  
 CITY-ST-ZIP **St. Pete, FL. 33711**

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

TITLE **DIT** ☒ Change ☐ Addition  
 NAME **Leola Scott**  
 STREET ADDRESS **2511 Kingston St So.**  
 CITY-ST-ZIP **St. Petersburg, FL 33711**

TITLE **DIST** ☒ Change ☐ Addition  
 NAME **LAVERNE REYNOLDS**  
 STREET ADDRESS **2410 14th Ave. So.**  
 CITY-ST-ZIP **St. Petersburg, FL 33712**

TITLE ☐ Change ☐ Addition  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ms. Laverne Reynolds*

*Jan. 10, 2002 (727) 327-3149*

Date

Daytime Phone #

CR2E037 (9/01)