

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91732 047 ****61.25

DOCUMENT # N01000004085

1. Entity Name

JEHOVAH-JIREH OUTREACH MINISTRIES, INC.

Principal Place of Business

**1141 MADISON AVE
 DAYTONA BEACH FL 32114**

Mailing Address

**1141 MADISON AVE
 DAYTONA BEACH FL 32114**

80121053



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

917 Glenwood St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Daytona Beach Fl.

City & State

4. FEI Number

59-3620606

Applied For

Not Applicable

Zip

32117

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WALLAVE, LARRY S
 1141 MADISON AVE
 DAYTONA BEACH FL 32114**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WALLACE, LARRY S | |
| STREET ADDRESS | 1141 MADISON AVE | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32114 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WALLACE, BRIDGETTE A | |
| STREET ADDRESS | 1141 MADISON AVE | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32114 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | WILLIAMS, KAREN S | |
| STREET ADDRESS | 1440 S CLARA AVE | |
| CITY-ST-ZIP | DELAND FL 32720 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Board of Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Schemetta Davis | |
| STREET ADDRESS | 660 8th St. Apt. 210 | |
| CITY-ST-ZIP | Holly Hill, Fl. 32117 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: **BSIGNATURE REQUIRED**

5/1/02

(386) 252-3194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #