

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000005371

1. Entity Name

NEW FOUND FREEDOM OUTREACH MINISTRIES, INC.

FILED

May 23, 2002 8:00 am
Secretary of State

05-23-2002 90141 013 ****70.00

Principal Place of Business

Mailing Address

8407 BOULDER PLACE
TAMPA FL 33615

8407 BOULDER PLACE
TAMPA FL 33615

2. Principal Place of Business

8407 BOULDER PLACE

3. Mailing Address

8407 BOULDER PLACE

Suite, Apt., #, etc.

Suite, Apt., #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

4. FEI Number

Applied For

☒ Not Applicable

Zip

33615

Country

HILLSBOROUGH

Zip

33615

Country

HILLSBOROUGH

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

WATLEY, ROBIN
8407 BOULDER PLACE
TAMPA FL 33615

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 fee, 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 NAME PCD WATLEY, ROBIN ☐ Delete

STREET ADDRESS 8407 BOULDER PLACE
CITY-ST-ZIP TAMPA FL 33615

TITLE NAME ☐ Change ☐ Addition

TITLE NAME SD WATLEY, CURTIS ☐ Delete

STREET ADDRESS 8407 BOULDER PLACE
CITY-ST-ZIP TAMPA FL 33615

TITLE NAME ☐ Change ☐ Addition

TITLE NAME TD BOWERS, ARECIA ☐ Delete

STREET ADDRESS 13608 N 22ND ST, APT 2
CITY-ST-ZIP TAMPA FL 33613

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

ROBIN WATLEY 4-30-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)