

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 27, 2003 8:00 am**  
**Secretary of State**

08-27-2003 90076 008 \*\*\*\*61.25

**DOCUMENT # NO1000005804**

1. Entity Name

**GREATER LIFE MINISTRIES MISSION POSSIBLE OUTREAC  
H, INC.**



Principal Place of Business

**POST OFFICE BOX 120752  
FORT LAUDERDALE FL 33312-0013**

Mailing Address

**POST OFFICE BOX 120752  
FORT LAUDERDALE FL 33312-0013**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**  
**22-3856872**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALKER, SHARLENE  
1761 NW 108TH STREET  
MIAMI FL 33167**

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. I am familiar with, and accept the obligations of registered agent.

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  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **LEWIS, ANDREW**  
STREET ADDRESS **3701 NW 9TH COURT**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

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

TITLE **VP** ☐ Delete  
NAME **WALKER, ALVIN**  
STREET ADDRESS **1761 NW 108TH STREET**  
CITY-ST-ZIP **MIAMI FL 33167**

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

TITLE **S** ☒ Delete  
NAME **TUCKER, SHARLENE**  
STREET ADDRESS **1761 NW 108TH STREET**  
CITY-ST-ZIP **MIAMI FL 33167**

TITLE ☒ Change ☐ Addition  
NAME **WALKER SHARLENE**  
STREET ADDRESS **1761 NW 108TH ST**  
CITY-ST-ZIP **MIAMI, FL. 33167**

TITLE **T** ☐ Delete  
NAME **CONELEY, BARBARA**  
STREET ADDRESS **521 NW 39TH AVENUE**  
CITY-ST-ZIP **NORTH MIAMI FL 33161**

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

TITLE **CORT** ☐ Delete  
NAME **TUCKER, CARL**  
STREET ADDRESS **682 NE 132ND STREET**  
CITY-ST-ZIP **NORTH MIAMI FL 33161**

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

TITLE **CORT** ☐ Delete  
NAME **LEWIS, ANNETTE**  
STREET ADDRESS **3701 NW 9TH COURT**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

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]*

CR2E037 (4/03)