

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008412

1. Entity Name

WOMEN OF FAITH OUTREACH INC.

05-02-2002 90134 028 *****70:00

N01000008412

FILED

02 JUN -6 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2270 NW 60 TERRACE
SUNRISE FL 33313

2270 NW 60 TERRACE
SUNRISE FL 33313

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

75-297-9924

Applied For

Not Applicable

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

THOMAS, VIVIENE L
2270 NW 60 TERRACE
SUNRISE FL 33313

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 NAME	PD ED THOMAS, VIVIENE L	<input type="checkbox"/> Delete
STREET ADDRESS	2270 NW 60 TERRACE	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE NAME	D JONES, JACQUELINE L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2018 NW 59 TERRACE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE NAME	CD DALMAGE, ALTHEA	<input type="checkbox"/> Delete
STREET ADDRESS	2018 NW 59 TERRACE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VIVIENE L. THOMAS - PD ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2270 NW 60 TERRACE	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE NAME	CD Andrew J. Jones	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1289 W. 35th St.	
CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Vivienne Thomas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02 954-746-7299

Daytime Phone #