

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90506 028 ****61.25

DOCUMENT # N02000002389

1. Entity Name

DIVINE PROVIDENCE OF GOD OUTREACH MINISTRIES, INC.



Principal Place of Business

1906 9TH AVE SOUTH
ST PETERSBURG FL 33712

Mailing Address

P.O. BOX 16505
ST PETERSBURG FL 33733-6505

2. Principal Place of Business

~~2000 1st Ave No.~~

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#119

City & State
St. Petersburg, FL

City & State

4. FEI Number

41-2058112

Applied For

Not Applicable

Zip

33712

Country

Pinellas

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HALLMON, LOLITA M
1906 9TH AVE SOUTH
ST PETERSBURG FL 33712

7. Name and Address of New Registered Agent

Name

Lolita Hallmon

Street Address (P.O. Box Number is Not Acceptable)

2567 15th Ave So.

City

St. Petersburg

FL

Zip Code

33712

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

Lolita Hallmon
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/25/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D HALLMON, LOLITA M**
STREET ADDRESS **2568 14TH AVE S**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE ☐ Delete
NAME **D WILLIAMS, DELORIS**
STREET ADDRESS **2567 15TH AVE S**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE ☐ Delete
NAME **D LEWIS MS, JUANITA**
STREET ADDRESS **4700 DARTMOUTH AVE N**
CITY-ST-ZIP **ST PETERSBURG FL 33713**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

Lolita Hallmon
REQUIRED

3/25/03 727-410-7445

CR2E037 (10/02)