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

9/11/2003-90095-009-\$61.25-\$61.25

DOCUMENT # N0200003086  1. Entity Name  JUBILEE CHARISMATIC OUTREACH MINISTRY INC.						F.ILED 403 OCT 14 PM 2: 17			
Principal Plac	ce of Business	Mailing Addre					SEC	DETADY on a	,
			14 N DIXIE HIGHWAY PALM BEACH FL 33407			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
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2. Principal P	Place of Business	3. Mailing Add	dress						
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & Stat	City & State			4. FEI Number 03-0444 778 Applied For Not Applicable			
Zip	Country	Zip		Country		. Certificate of St		\$8.75 A	
	6. Name and Address of Cu	irrent Registered Agen	nt	Name	7	. Name and Add	ress of New Ro	egistered Agent	
WALTERS, ISOLYN 2024 N DIXIE HWY			Street Address (		Address (P.O	P.O. Box Number is Not Acceptable)			
W PALM	BEACH FL 33407			, City				<b>₽</b> Zip Co	ode
a The above	e named entity submits this statem	and for the purpose of a			v conintered	agget or both in	sha Cloto al Elo	FL Zip Co	h and accept
	tions of registered agent.	ent to: the purpose of c	ugugug ka l <del>a</del> gia	SIES GO GOOGO C	ii registereo	agent, or both, in	the State Of Flo		ii, and accept
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable.	(NOTE: Regis	Mered Agent signs	iture required whe	n reinstading)		DATE	
	FILE NOW: FEE IS \$61.25	9. E	Election Campaig	in Financino	<b></b>	5 00 v = 5	Mal	ke Check Payable	a to
After Sept	tember 10, 2003, min will b	pe \$236.25	Frust Fund Contrib			5.00 May Be Ided to Fees		a Department of	
10.	OFFICERS AN	ND DIRECTORS		bution.	ADI	ded to Fees	Florid	a Department of	State
10.	OFFICERS AN	ND DIRECTORS	Delete 1	tution.	ADD CEFD	ded to Fees	Florid	a Department of	State
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2. 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 cath; 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 attackment with an address, with all other like empowered.

**SIGNATURE** 

NGNOTHE REQUIRED

9/4/03

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