

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

0070770

DOCUMENT # N02000003639

1. Entity Name

WILLIAM MEMORIAL OUTREACH MINISTRIES INCORPORATE
D



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 17 AM 11:26

Principal Place of Business

127 NE 15TH ST
GAINESVILLE FL 32641

Mailing Address

127 NE 15TH ST
GAINESVILLE FL 32641

2. Principal Place of Business

3. Mailing Address

1511 NE 6 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GAINESVILLE FLA

Zip

Country

32641

Country

4. FEI Number

☒ 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

CLARK, ARTHUR
127 NE 15TH ST
GAINESVILLE FL 32641

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

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	PD	<input type="checkbox"/> Delete
NAME	CLARK, ARTHUR	
STREET ADDRESS	1511 NE 6TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	CLARK, AVIS	
STREET ADDRESS	1511 NE 6TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32025	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SNELL, WILLIE F	
STREET ADDRESS	2807 BREAD ST	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700023306227	
CITY-ST-ZIP	09/24/03--01065--007 **70.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

ARTHUR CLARK

CR2E037 (10/02)