

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

FILED
Sep 08, 2003 8:00 am
Secretary of State

0004724

DOCUMENT # N02000007491

1. Entity Name
HEAVEN SENT WOMEN'S OUTREACH MINISTRIES, INC.



09-08-2003 90312 037 ****61.25

Principal Place of Business
**5203 BONNIE BLAE CR.
ORLANDO FL 32808-2420**

Mailing Address
**5203 BONNIE BLAE CR.
ORLANDO FL 32808-2420**



2. Principal Place of Business
5288 Long Rd.
Suite, Apt. #, etc. **apt. D.**
City & State **Orl. Fla.**
Zip **32808** Country

3. Mailing Address
5288 Long Rd.
Suite, Apt. #, etc. **apt. D.**
City & State **Orl. Fla.**
Zip **32808** Country

☒ CHECK HERE IF MAKING CHANGES

Address

4. FEI Number
06-1652899

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**STARLING, BETTY
5203 BONNIE BLAE CR.
ORLANDO FL 32808-2420**

7. Name and Address of New Registered Agent
Name **Betty D. Starling**
Street Address (P.O. Box Number is Not Acceptable)
5288 Long Rd. apt. D.
City **Orl.** FL Zip Code **32808**

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 **Same.**
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 NAME STREET ADDRESS CITY-ST-ZIP	D STARLING, BETTY 5203 BONNIE BLAE CR. ORLANDO FL 32808-2420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NEWSON, CYNTHIA 3701 SPRINGDALE DR. ORLANDO FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, DIANE 5374 CHAMPAGNE CR. ORLANDO FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Betty D. Starling** **RE: BETTY D. Starling** **9-4-03** **407-522-7527**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)