

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

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90053 047 \*\*\*\*61.25

**DOCUMENT # N02000007678**

1. Entity Name

**TAKING IT TO THE STREETS OUTREACH MINISTRY, INC.**



Principal Place of Business

**933 ARDMORE ST., STE. 2  
JACKSONVILLE FL 32208**

Mailing Address

**933 ARDMORE ST., STE. 2  
JACKSONVILLE FL 32208**

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

**331020192**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, EUGENE M  
925 TURTLE CREEK DR. N  
NORTH JACKSONVILLE FL 32218**

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	JOHNSON, EUGENE M	
STREET ADDRESS	925 TURTLE CREEK DR. NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, BORETHA Y	
STREET ADDRESS	925 TURTLE CREEK DR.	
CITY-ST-ZIP	NORTH JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARRINGTON, JACKIE	
STREET ADDRESS	11050 HARTS RD., #802	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TAYLOR, LISA	
STREET ADDRESS	4513 KENKNIGHT DR. NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	Lamont E. Jackson	
STREET ADDRESS	1160 Phelps St	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Eugene M. Johnson* **EUGENE M. Johnson**

**4-26-03**

**904-768-7847**

CR2E037 (10/02)