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

## DOCUMENT # N02000008612 1. Entity Name SECRETARY OF STATE F.C.C. OUTREACH MINISTRIES, INC. DIVISION OF CORPORATIONS 03 FEB 28 PH 12: LL Mailing Address Principal Place of Business 708 OSCEOLA STREET 708 OSCEOLA STREET TALLAHASSEE FL 32310 TALLAHASSEE FL 32310 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DORSEY, LUCIUS C JR. Street Address (P.O. Box Number is Not Acceptable) 708 OSCEOLA STREET TALLAHASSEE FL 32310 Zip Code City 8. The above named thity 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 gistered agent. 2-28-03 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. B ☐ Delete TITLE ☐ Change Addition TITLE 900014085429 NAME DORSEY, LUCIUS C NAME STREET ADDRESS 1136 MOSSWOOD CHASE STREET ADDRESS 03/14/03--01034--010 \*\*81.25 CITY-ST-ZIP TALLAHASSEE FL 32312 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE BROWN, HUBERT R NAME STREET ADDRESS STREET ADDRESS 1962 SETTING SUN TRAIL CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Change Addition ☐ Delete TITLE TITLE EVANS, CHINA E NAME NAME STREET ADDRESS STREET ADDRESS 2105 DAISY STREET CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Addition ☐ Delete TITLE □ Change TITLE

CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32305 12. Thereby 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.

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

D

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

adams, laura

COFIELD, LUCILE

129 SUNFLOWER RD.

WOODVILLE FL 32305

2613 LONNBLADH RD.

GOLD, CONSTANCE

TALLAHASSEE FL 32308

11719 BRIGHT STAR CIRCLE

Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

☐ Addition