

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16504

1. Entity Name

OUTREACH FOR CHRIST MINISTRIES INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90106 046 ****61.25

Principal Place of Business

Mailing Address

1752-1 COUNTRY CLUB RD.
LAKE CITY FL 32025
US

1752-1 COUNTRY CLUB RD.
LAKE CITY FL 32025-6462
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2870342**

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

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

CHURCH, FRANK T
941 WALDRON ST.
LAKE CITY FL 32025

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **CHURCH, FRANK**
STREET ADDRESS **941 WALDRON ST**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SMITH, GARY**
STREET ADDRESS **1310 S.E. MAPLE ST.**
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **SMITH, JOYCE A**
STREET ADDRESS **1310 S.E. MAPLE ST.**
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

TITLE ☐ Change ☒ Addition
NAME **MARK V. KILGIAN**
STREET ADDRESS **RT 19 Box 427**
CITY-ST-ZIP **LAKE BUTLER FLA 32054**

TITLE ☐ Delete
NAME **WRIGHT, ART**
STREET ADDRESS **P.O. BOX 1005**
CITY-ST-ZIP **HIGH SPRINGS FL 32655**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **HEDGER, DAVID**
STREET ADDRESS **RT. 19 BOX 1672**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE ☐ Change ☒ Addition
NAME **JANET KILGIAN**
STREET ADDRESS **RT 19 Box 427**
CITY-ST-ZIP **LAKE BUTLER FLA 32054**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANK T. CHURCH

Date
4-12-00

Daytime Phone #
904-752-2368