

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19118

1. Entity Name

THE VERNON EVANGELISTIC CHURCH GLOBAL OUTREACH I

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90012 007 ****70.00

Principal Place of Business

Mailing Address

HWY 79
P.O. BOX 298
VERNON FL 32462
US

HWY 79
P.O. BOX 298
VERNON FL 32462-0298
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2027421

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

WHITE, JAMES
RT 3 BOX 495
WESTVILLE FL 32464

Name

Hagan, Willis M.

Street Address (P.O. Box Number is Not Acceptable)

1816 Memorial Drive

City

Wausau

FL

Zip Code

32463

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

Willis M Hagan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-00

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 NAME STREET ADDRESS CITY-ST-ZIP	D COOK, JOHN P JR 3067 COOK CIRCLE VERNON FL 32462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, THEODORE RT. 1, BOX 73 VERNON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSS, WILBURN W. ROUTE 1, BOX 333 CHIPLEY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADDOCK, JASON 3224 A MAIN STREET VERNON FL 32462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, SCOTT 2941 MOOS HILL ROAD VERNON FL 32462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHAW, SUE 3446 SPOOLMILL ROAD VERNON FL 32462	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Haskins, James D. 2860 Church St. Vernon, FL 32462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4557 Creek Rd. Vernon, FL 32462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3033 Brunner Dairy Rd. Vernon, FL 32462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brock, Nevil 3385 Ferris Circle Vernon, FL 32462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2941 Moss Hill Rd. Vernon, FL 32462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Sue Shaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-15-00

Daytime Phone #

888-535-2281

CR2E037 (9/99)