

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90089 017 \*\*\*\*70.00

**DOCUMENT # N19118**

1. Entity Name

**THE VERNON EVANGELISTIC CHURCH GLOBAL OUTREACH I**

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  
 US

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

**59-2027421**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAGAN, WILLIS M  
 1816 MEMERORIAL DRIVE  
 WAUSAU FL 32463

Name

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

1816 Memorial Drive

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 **D**  Delete  
 NAME **HASKINS, JAMES D**  
 STREET ADDRESS **2860 CHURCH ST**  
 CITY-ST-ZIP **VERNON FL 32462**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **D**  Delete  
 NAME **SIMMONS, THEODORE**  
 STREET ADDRESS **4557 CREEK RD**  
 CITY-ST-ZIP **VERNON FL 32462**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **D**  Delete  
 NAME **RUSS, WILBURN W.**  
 STREET ADDRESS **3033 BRUNNER DAIRY RD**  
 CITY-ST-ZIP **VERNON FL 32462**

TITLE **D**  Change  Addition  
 NAME **Evans, James Marlin**  
 STREET ADDRESS **3404 Cook Circle**  
 CITY-ST-ZIP **Vernon, FL 32462**

TITLE **D**  Delete  
 NAME **BROCK, NEVIL**  
 STREET ADDRESS **3385 FERRIS CIRCLE**  
 CITY-ST-ZIP **VERNON FL 32462**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **D**  Delete  
 NAME **SHAW, SCOTT**  
 STREET ADDRESS **2941 MOSS HILL RD**  
 CITY-ST-ZIP **VERNON FL 32462**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **ST**  Delete  
 NAME **SHAW, SUE**  
 STREET ADDRESS **3446 SPOOLMILL ROAD**  
 CITY-ST-ZIP **VERNON FL 32462**

TITLE \_\_\_\_\_  Change  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: Signature of SUE SHAW  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01

850-535-2281

Date Daytime Phone #

CR2E037 (10/00)